

Patient Surgery Time Allocation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to inform you that your surgery has been scheduled. Below are the details regarding your surgery:

- **Surgery Date:** [Insert Surgery Date]
- **Surgery Time:** [Insert Surgery Time]
- **Location:** [Insert Hospital/Clinic Name]
- **Surgeon:** [Insert Surgeon's Name]

Please arrive at least [Insert Time] before the scheduled surgery time to complete any necessary paperwork and preparations. If you have any questions or need to reschedule, do not hesitate to contact our office at [Insert Phone Number].

Thank you for choosing us for your surgical care.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]