Surgical Procedure Scheduling Confirmation

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Patient ID: **[Insert Patient ID]**

Procedure: **[Insert Surgical Procedure]**

Scheduled Date and Time: **[Insert Date and Time]**

Location: **[Insert Location]**

Pre-operative Instructions:

- [Insert Instruction 1]
- [Insert Instruction 2]
- [Insert Instruction 3]

If you have any questions or need to reschedule, please contact us at **[Insert Contact Number]**.

Thank you,

[Insert Provider's Name]

[Insert Title]

[Insert Institution/Practice Name]