

# Surgery Confirmation Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We are writing to confirm your joint replacement surgery scheduled for:

**Date:** [Insert Surgery Date]

**Time:** [Insert Surgery Time]

**Location:** [Insert Hospital/Clinic Name and Address]

Please arrive at least [Insert Arrival Time] prior to your scheduled surgery time for pre-operative preparations.

Should you have any questions or need further information, please do not hesitate to contact our office at [Insert Contact Information].

We wish you a successful surgery and a smooth recovery.

Sincerely,

[Insert Doctor's Name]

[Insert Hospital/Clinic Name]

[Insert Contact Information]