

Outpatient Procedure Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

We are writing to confirm your outpatient procedure scheduled for:

Date: [Insert Procedure Date]

Time: [Insert Procedure Time]

Location: [Insert Healthcare Facility Name, Address]

Procedure: [Insert Name of Procedure]

Please ensure to follow the pre-procedure instructions provided during your last appointment. If you have any questions or need to reschedule, feel free to contact our office at [Insert Contact Information].

Thank you for choosing [Insert Healthcare Facility Name]. We look forward to seeing you soon.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Healthcare Facility Name]