

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your surgical appointment.

**Date:** [Date of Surgery]

**Time:** [Time of Surgery]

**Location:** [Surgery Center/Hospital Name]

**Surgeon:** Dr. [Surgeon's Name]

Please arrive at least [X] minutes early to complete any necessary paperwork.

If you have any questions or need to reschedule, please contact our office at [Phone Number].

Thank you, and we look forward to seeing you soon.

Sincerely,

[Your Practice Name]

[Your Practice Address]

[Your Practice Phone Number]