

Procedure Date Confirmation

Dear [Patient's Name],

We are writing to confirm your procedure date. Your procedure is scheduled for:

Date: [Date]

Time: [Time]

Location: [Facility Name and Address]

Please arrive at least [X minutes] prior to your scheduled time for check-in.

If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

Thank you for choosing [Healthcare Facility Name].

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]