

Scheduled Surgery Notification

Dear [Patient's Name],

We are writing to inform you that your scheduled surgery has been confirmed for:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Hospital/Clinic Name]
- **Surgeon:** [Surgeon's Name]

Please arrive at least [X hours] before your scheduled time to complete necessary pre-operative procedures.

For any questions or concerns, do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you, and we wish you a smooth and successful surgery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]