

Surgery Scheduling Acknowledgment

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

We are writing to acknowledge the scheduling of your upcoming surgery. Below are the details of your procedure:

Procedure: [Name of Surgery]

Date: [Surgery Date]

Time: [Surgery Time]

Location: [Hospital/Clinic Name and Address]

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

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

We wish you a smooth surgery and a speedy recovery.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]