

Surgical Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your surgical appointment with Dr. [Surgeon's Name]. Please find the details below:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Surgery Center/Hospital Name, Address]
- **Procedure:** [Type of Surgery]

Please arrive at least [XX] minutes early for check-in and to complete any necessary paperwork.

If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

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

Sincerely,

[Your Name]

[Your Title]

[Practice/Facility Name]