

# Surgical Procedure Confirmation Letter

Date: [Insert Date]

Patient Name: [Patient Name]

Patient ID: [Patient ID]

Dear [Patient Name],

We are writing to confirm your upcoming surgical procedure, as discussed with you during your last appointment. The details of your procedure are as follows:

**Procedure:** [Type of Surgery]

**Date:** [Scheduled Date]

**Time:** [Scheduled Time]

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

Please arrive at least [X hours] prior to your scheduled time for pre-operative preparations. If you have any questions or need to reschedule, don't hesitate to contact our office at [Office Phone Number].

Thank you for entrusting us with your care. We look forward to seeing you soon.

Sincerely,

[Surgeon's Name]

[Title/Position]

[Hospital/Institution Name]

[Contact Information]