

Surgical Service Scheduling Confirmation

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to confirm your surgical appointment scheduled as follows:

- **Procedure:** [Insert Procedure Name]
- **Date:** [Insert Date]
- **Time:** [Insert Time]
- **Location:** [Insert Facility Name and Address]

Please arrive at least [Insert Duration] before your scheduled time to complete any necessary paperwork and preparations.

If you have any questions or require further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for choosing [Insert Practice/Facility Name]. We look forward to providing you with the highest level of care.

Sincerely,

[Your Name]

[Your Title]

[Insert Practice/Facility Name]

[Insert Contact Information]