

Surgery Confirmation

Dear [Patient's Name],

We are writing to confirm your upcoming surgery scheduled as follows:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Hospital/Clinic Name]
- **Procedure:** [Type of Surgery]

Please arrive at least [X] minutes prior to your scheduled time. Make sure to follow all pre-operative instructions provided to you during your last appointment.

If you have any questions or need to reschedule, do not hesitate to contact us at [Phone Number] or [Email Address].

Wishing you a smooth and successful surgery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]