

Approval Letter for Elective Surgery

Date: [Insert Date]

Patient Name: [Patient Name]

Patient Address: [Patient Address]

Dear [Patient Name],

We are pleased to inform you that your request for elective surgery has been approved. The details of the procedure are as follows:

Type of Surgery: [Type of Surgery]

Date of Surgery: [Scheduled Date]

Location: [Surgery Location]

Surgeon: [Surgeon's Name]

Please ensure that you follow all pre-operative instructions provided by your healthcare team. If you have any questions or need further assistance, do not hesitate to reach out to our office.

Wishing you a successful surgery and a smooth recovery.

Sincerely,

[Your Name]

[Your Position]

[Hospital/Clinic Name]

[Contact Information]