

Notification of Medical Procedure Authorization Completion

Date: [Insert Date]

Patient Name: [Patient's Name]

Patient ID: [Patient's ID]

Dear [Patient's Name],

We are pleased to inform you that your authorization for the medical procedure, [Procedure Name], has been successfully completed. The procedure has been scheduled for [Date of Procedure] at [Time of Procedure].

Please ensure that you arrive at the facility at least [Time] prior to your scheduled appointment time. If you have any questions or need to reschedule, do not hesitate to contact our office at [Contact Number].

Thank you for choosing [Healthcare Provider's Name]. We look forward to caring for you.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Provider's Name]

[Contact Information]