

# Confirmation of Preoperative Meeting

Dear [Patient's Name],

We are writing to confirm your preoperative meeting scheduled for:

**Date:** [Date]

**Time:** [Time]

**Location:** [Location]

This meeting is an important opportunity to discuss your upcoming procedure and address any questions or concerns you may have.

Please feel free to reach out to us at [Contact Information] if you require any further assistance.

We look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]