

Preoperative Consultation Appointment

Dear [Patient's Name],

We are pleased to confirm your preoperative consultation appointment with Dr. [Surgeon's Name]. Below are the details of your appointment:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name]
- **Address:** [Clinic/Hospital Address]

Please arrive 15 minutes early to complete any necessary paperwork. Bring the following items with you:

- Government-issued ID
- Insurance card
- List of medications you are currently taking
- Any relevant medical records

If you have any questions or need to reschedule, please contact our office at [Office Phone Number].

Thank you and we look forward to seeing you soon.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]