

Inquiry for Scheduling Preoperative Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to inquire about scheduling a preoperative assessment for my upcoming surgery on [insert surgery date]. I would like to ensure that all necessary evaluations and tests are completed prior to the procedure.

Could you please provide information on available dates and any required documentation I should bring with me for the assessment? Additionally, I would appreciate any details regarding the assessment process.

Thank you for your assistance. I look forward to your prompt response.

Sincerely,

[Your Name]