

Request for Preoperative Consultation Appointment

Date: [Insert Date]

To,

[Doctor's Name]
[Hospital/Clinic Name]
[Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. I am writing to request an appointment for a preoperative consultation regarding my upcoming surgery scheduled on [Insert Surgery Date].

As a patient, I want to ensure that I am fully prepared and informed about the procedure and any necessary preoperative requirements. I would appreciate discussing any concerns I may have and receiving guidance on the next steps.

Please let me know your available dates and times for this consultation. I am looking forward to your prompt response.

Thank you for your attention to this request.

Sincerely,

[Your Name]
[Your Contact Information]
[Your Address]