

Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your follow-up appointment following your recent surgery.

Date: [Appointment Date]

Time: [Appointment Time]

Location: [Clinic/Hospital Name]

Doctor: [Doctor's Name]

Please arrive 15 minutes early to allow for check-in. If you need to reschedule or have any questions, feel free to contact us at [Phone Number] or [Email Address].

We look forward to seeing you.

Sincerely,

[Your Name]

[Your Position]

[Clinic/Hospital Name]

[Contact Information]