

Notification Request for Anesthesia Services

Date: [Insert Date]

To: [Anesthesia Department/Anesthesiologist's Name]

From: [Your Name]

Subject: Notification Request for Anesthesia Services

Dear [Anesthesia Department/Anesthesiologist's Name],

I am writing to formally request anesthesia services for my upcoming operation scheduled on [Date of Operation] at [Location/Facility Name]. The details of the procedure are as follows:

- **Patient Name:** [Patient's Name]
- **Date of Birth:** [Patient's Date of Birth]
- **Procedure:** [Type of Surgery/Procedure]
- **Surgeon:** [Surgeon's Name]
- **Duration of Surgery:** [Estimated Duration]

Please confirm the availability of anesthesia services for this date and any preoperative requirements that need to be addressed prior to the procedure.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]

[Your Position/Title]

[Your Institution/Organization]