

Surgery Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your surgery appointment. Please find the details below:

- **Date:** [Surgery Date]
- **Time:** [Surgery Time]
- **Location:** [Hospital/Clinic Name]
- **Surgeon:** [Surgeon's Name]
- **Procedure:** [Type of Surgery]

Please arrive at least [X hours] before your scheduled time for pre-operative preparations. If you have any questions or need to reschedule, feel free to contact us at [Contact Number] or [Email Address].

Thank you and we wish you a safe and successful surgery.

Sincerely,

[Your Name]

[Your Position]

[Hospital/Clinic Name]