

# Appointment Confirmation

Dear [Parent's Name],

We are pleased to confirm your child's surgery appointment.

## Appointment Details:

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

Please arrive 30 minutes prior to the scheduled appointment time to complete all necessary paperwork.

If you have any questions or need to reschedule, feel free to contact our office at [Phone Number].

Thank you for choosing [Hospital/Clinic Name] for your child's care.

Sincerely,  
[Your Name]  
[Your Position]  
[Hospital/Clinic Name]