

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your elective surgery appointment. Below are the details of your upcoming procedure:

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

Please arrive at least [X hours] prior to your appointment for necessary 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 look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Clinic/Hospital Address]

[Contact Information]