

# Surgery Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your surgery appointment scheduled as follows:

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

Please arrive at least [X minutes] prior to your scheduled time for preparation. If you have any questions or need to reschedule, feel free to contact us at [Contact Number].

Thank you for choosing [Hospital/Facility Name]. We wish you a smooth surgery and a speedy recovery.

Sincerely,

[Your Name]

[Your Position]

[Hospital/Facility Name]