

Surgery Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your follow-up surgery appointment.

Date: [Date]

Time: [Time]

Location: [Hospital/Clinic Name, Address]

Please arrive at least 30 minutes early for check-in and bring the following items with you:

- Your insurance card
- Government-issued ID
- List of current medications

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

Thank you, and we wish you a smooth procedure and a speedy recovery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]