

Surgery Appointment Confirmation

Date: [Insert Date]

Dear [Patient's Name],

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

- **Patient Name:** [Patient's Name]
- **Procedure:** [Name of Procedure]
- **Date of Surgery:** [Surgery Date]
- **Time:** [Surgery Time]
- **Location:** [Hospital/Clinic Name and Address]
- **Admission Date:** [Admission Date]
- **Surgeon:** [Surgeon's Name]

Please arrive at least [Insert Time] prior to your scheduled procedure. If you have any questions or need to reschedule, feel free to contact us at [Contact Information].

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

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]