

# Surgery Appointment Confirmation

Dear [Patient's Name],

This letter serves as a confirmation of your upcoming surgery appointment.

## Appointment Details:

**Date:** [Date of Surgery]

**Time:** [Time of Surgery]

**Location:** [Hospital/Clinic Name and Address]

**Procedure:** [Name of the Surgical Procedure]

## Pre-Surgery Instructions:

- Please arrive at least [X] hours early for pre-operative preparations.
- Avoid eating or drinking anything after [Time] the night before surgery.
- Bring a list of your current medications and any allergies.
- Ensure that you have arranged for a responsible adult to drive you home post-surgery.

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

Thank you, and we wish you a smooth and successful surgery.

Sincerely,

[Doctor's Name]

[Title]

[Hospital/Clinic Name]