

Surgery Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your appointment for a minor surgical procedure.

Appointment Details:

- **Date:** [Insert date]
- **Time:** [Insert time]
- **Location:** [Insert location]
- **Procedure:** [Insert procedure name]

Please arrive at least 30 minutes prior to your appointment to complete the necessary paperwork.

If you have any questions or need to reschedule, please do not hesitate to contact us at [Insert phone number] or [Insert email address].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Practice Address]

[Your Practice Phone Number]