

# Surgery Appointment Confirmation

Dear [Patient's Name],

We are writing to confirm your upcoming outpatient surgery appointment.

**Procedure:** [Name of Procedure]

**Date:** [Appointment Date]

**Time:** [Appointment Time]

**Location:** [Facility/Clinic Name]

Please arrive at least [X minutes] prior to your appointment time to complete any necessary paperwork.

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

Thank you for choosing [Facility/Clinic Name]. We look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Facility/Clinic Name]

[Contact Information]