

Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your appointment for gallbladder surgery.

Date: [Surgery Date]

Time: [Surgery Time]

Location: [Medical Facility Name]

Please arrive at least [X minutes] before your scheduled time for pre-operative preparations.

If you have any questions or need to reschedule, please contact us at [Contact Information].

Thank you, and we wish you a smooth surgery and quick recovery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]