

Acceptance of Gastric Bypass Surgery Consultation

Date: [Insert Date]

Doctor's Name

[Insert Doctor's Office/Clinic Name]

[Insert Address]

[Insert City, State, Zip Code]

Dear Dr. [Insert Doctor's Last Name],

I am writing to formally accept the invitation for a consultation regarding gastric bypass surgery. I appreciate the opportunity to discuss this potential procedure and its benefits with you.

Please let me know the available dates and times for the consultation. I am eager to learn more and to begin this journey toward improved health.

Thank you for your guidance and support.

Sincerely,

[Your Name]

[Your Address]

[Your City, State, Zip Code]

[Your Phone Number]

[Your Email Address]