

Confirmation of Your Scheduled Gastric Bypass Consultation

Dear [Patient's Name],

We are pleased to confirm your appointment for a gastric bypass consultation.

Date: [Date]

Time: [Time]

Location: [Clinic/Hospital Name]

During this consultation, our team will discuss the gastric bypass procedure, assess your eligibility, and answer any questions you may have.

Please arrive 15 minutes early to complete any necessary paperwork.

If you need to reschedule or have any questions, feel free to contact us at [Phone Number] or [Email Address].

We look forward to seeing you!

Best regards,

[Your Name]

[Your Title]

[Clinic/Hospital Name]

[Contact Information]