

# Surgical Intervention Approval Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

We are pleased to inform you that your request for surgical intervention has been reviewed and approved. The details of the procedure are as follows:

- **Procedure Name:** [Insert Procedure Name]
- **Date of Surgery:** [Insert Date]
- **Time of Surgery:** [Insert Time]
- **Location:** [Insert Hospital/Clinic Name]
- **Surgeon:** [Insert Surgeon Name]

Please ensure that you complete any pre-operative assessments as advised by your medical team. If you have any questions or require further information, do not hesitate to reach out to us.

Thank you for choosing [Insert Hospital/Clinic Name] for your healthcare needs.

Sincerely,

[Insert Doctor's Name]

[Insert Doctor's Title]

[Insert Hospital/Clinic Name]

[Insert Contact Information]