

# Appointment Confirmation

Dear [Patient's Name],

We are pleased to confirm your surgical appointment:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Hospital/Clinic Name, Address]
- **Surgeon:** [Surgeon's Name]

Please arrive at least [Number] minutes early to complete any necessary paperwork. If you have any questions or need to reschedule, feel free to contact us at [Phone Number] or [Email Address].

Thank you, and we look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]