

Approval Confirmation for Dental Surgery

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your request for dental surgery has been approved. The details of your procedure are as follows:

Procedure: [Insert Procedure Name]

Date of Surgery: [Insert Surgery Date]

Time: [Insert Time]

Location: [Insert Clinic/Hospital Name and Address]

Please arrive at least [Insert Time] prior to your scheduled appointment. Ensure that you follow all pre-operative instructions provided during your consultation.

If you have any questions or need further assistance, feel free to contact our office at [Insert Phone Number].

We wish you a smooth and successful surgery.

Sincerely,

[Your Name]

[Your Title]

[Dental Practice Name]

[Contact Information]