

Confirmation of Surgical Procedure Approval

Date: [Insert Date]

To: [Patient's Name]
[Patient's Address]
[City, State, ZIP Code]

Dear [Patient's Name],

We are pleased to confirm that your request for the surgical procedure, [Name of Procedure], scheduled for [Date of Surgery], has been approved.

Details of the procedure are as follows:

- **Procedure Name:** [Name of Procedure]
- **Surgeon:** [Surgeon's Name]
- **Location:** [Facility Name and Address]
- **Date and Time:** [Date and Time of Surgery]

Please ensure that you arrive one hour prior to your scheduled time for pre-operative preparations. If you have any questions or need further assistance, feel free to contact our office at [Office Phone Number].

Thank you for choosing [Medical Facility Name]. We wish you a successful procedure and a speedy recovery.

Sincerely,

[Your Name]
[Your Title]
[Medical Facility Name]
[Contact Information]