

Cosmetic Procedure Approval Confirmation

Dear [Patient's Name],

We are pleased to inform you that your request for the cosmetic procedure, [Procedure Name], has been approved. Your appointment is scheduled for [Date] at [Time].

Procedure Details:

- **Procedure Name:** [Procedure Name]
- **Surgeon/Physician:** [Surgeon's Name]
- **Location:** [Clinic/Hospital Name]
- **Estimated Duration:** [Duration]

Please ensure that you follow any pre-procedure instructions provided. Should you have any questions or need further assistance, do not hesitate to contact our office at [Phone Number] or [Email Address].

Thank you for choosing us for your cosmetic procedure.

Best regards,
[Your Name]
[Your Title]
[Clinic/Hospital Name]