

Elective Procedure Approval Confirmation

Date: [Insert Date]

Dear [Patient's Name],

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

Please ensure you follow the pre-operative instructions provided by your healthcare team. Should you have any questions or concerns, do not hesitate to contact us at [Contact Information].

Thank you for your trust in our care.

Sincerely,

[Your Name]

[Your Position]

[Hospital/Clinic Name]

[Contact Information]