

Medical Procedure Approval Confirmation

Date: [Insert Date]

Patient Name: [Patient's Full Name]

Patient ID: [Patient ID]

Dear [Patient's Name],

We are pleased to inform you that your medical procedure has been approved. Below are the details of your upcoming procedure:

Procedure Details:

Procedure Name: [Procedure Name]

Date of Procedure: [Procedure Date]

Time: [Procedure Time]

Location: [Facility/Clinic Name and Address]

Instructions:

[Insert any specific instructions for the patient, such as fasting, medication, etc.]

If you have any questions or concerns, please do not hesitate to contact our office at [Office Phone Number].

Thank you,

[Doctor's Name]

[Doctor's Title]

[Clinic/Hospital Name]

[Clinic/Hospital Contact Information]