

Outpatient Procedure Approval Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient Name],

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

Procedure Details

Procedure Name: [Insert Procedure Name]

Date of Procedure: [Insert Date]

Time of Procedure: [Insert Time]

Location: [Insert Location]

Instructions

Please arrive at least [Insert Time] prior to your scheduled appointment. Make sure to bring any required documents and follow any pre-procedure instructions provided by your physician.

If you have any questions or concerns, please do not hesitate to contact us at [Insert Contact Information].

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

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Facility Name]