

Procedure Approval Confirmation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Provider Name: [Insert Provider Name]

Facility Name: [Insert Facility Name]

Dear [Patient Name],

We are pleased to inform you that your request for the medical procedure has been approved. The details of your procedure are as follows:

Procedure Details

- Procedure Type: [Insert Procedure Type]
- Scheduled Date: [Insert Scheduled Date]
- Location: [Insert Procedure Location]
- Estimated Duration: [Insert Duration]

Please ensure that you follow any pre-procedure instructions provided by your healthcare team.

If you have any questions or need further assistance, please do not hesitate to contact our office at [Insert Contact Information].

We wish you a successful procedure and a smooth recovery.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]