

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Appointment Confirmation for Reconstructive Plastic Surgery Consultation

Dear [Patient Name],

This letter is to confirm your upcoming consultation with [Doctor's Name] regarding reconstructive plastic surgery. We look forward to meeting with you to discuss your goals and treatment options.

**Appointment Details:**

- **Date:** [Date of Appointment]
- **Time:** [Time of Appointment]
- **Location:** [Clinic/Hospital Name, Suite Number, Address]

Please arrive [15/20] minutes early to complete any necessary medical history forms. Please bring the following items to your appointment:

- A valid photo ID and your insurance card.
- A list of current medications and allergies.
- Any previous surgical reports or imaging (X-rays, MRIs, CT scans) related to the consultation area.
- A referral form (if required by your insurance provider).

If you need to reschedule or cancel your appointment, please contact our office at [Phone Number] at least [24/48] hours in advance to avoid a cancellation fee.

We look forward to seeing you soon.

Sincerely,

[Office Manager Name/Staff Member Name]

[Clinic Name]

[Phone Number]