Date: [Insert Date]

To: [Patient Name]
Address: [Patient Address]

Subject: Reminder: Your Pre-Operative Clearance Appointment

Dear [Patient Name],

This is a reminder of your upcoming pre-operative clearance appointment regarding your scheduled surgery for [Procedure Name].

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Facility Name/Department]
- **Provider:** [Doctor Name]

Important Instructions:

- Please arrive [15] minutes early to complete necessary paperwork.
- Bring a complete list of your current medications and dosages.
- Bring your insurance card and a valid photo ID.
- [Optional: Please fast for 8 hours prior if blood work is required.]

This appointment is mandatory to ensure you are healthy enough for anesthesia and surgery. Failure to attend may result in the postponement of your surgical procedure.

If you need to reschedule, please contact our office at [Phone Number] at least [24/48] hours in advance.

Sincerely,

[Your Name/Department]
[Clinic/Hospital Name]
[Phone Number]