Dear [Patient Name],

This is a reminder of your upcoming pre-operative clearance appointment. This evaluation is necessary to ensure you are healthy and prepared for your scheduled surgery.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Facility Name/Address]
- **Provider:** [Physician Name]

Please bring the following to your appointment:

- A current list of all medications and dosages.
- Your surgical paperwork or instructions from your surgeon.
- Insurance card and photo ID.
- [Optional: Specific fasting instructions or test results].

If you need to reschedule or have questions, please call our office at [Phone Number] at least [Number] hours in advance.

Sincerely,

[Practice Name]
[Contact Information]