URGENT: PRE-OPERATIVE CLEARANCE APPOINTMENT REMINDER

Dear [Patient Name],

This is an urgent reminder regarding your upcoming pre-operative clearance appointment. This appointment is mandatory to ensure you are medically cleared for your scheduled surgery.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic/Hospital Name and Address]
- **Provider:** [Physician 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.
- [Insert specific fasting instructions if applicable].

Failure to attend this appointment may result in the cancellation or postponement of your scheduled surgery on [Surgery Date].

If you need to reschedule or have any questions, please call our office immediately at [Phone Number].

Sincerely,

[Your Name/Department]
[Facility Name]