Dear [Patient Name],

This is a reminder regarding your upcoming final pre-operative clearance appointment. This appointment is mandatory to ensure you are medically prepared for your scheduled surgery.

Appointment Details:

- **Date:** [Date]
- **Time:** [Time]
- **Location:** [Clinic/Hospital Name and Address]
- **Provider:** [Physician Name]

Please bring the following to your appointment:

- A current list of all medications and dosages.
- Your photo ID and insurance card.
- Any recent lab results or specialist reports from outside facilities.

Important Instructions:

[Insert fasting instructions if applicable, e.g., Please do not eat or drink anything after midnight prior to this appointment.]

If you need to reschedule, please contact our office at [Phone Number] at least [24/48] hours in advance. Failure to attend this clearance appointment may result in the postponement of your surgery.

Sincerely,

[Practice/Department Name]
[Contact Information]