[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

This is a reminder of your upcoming surgical medical clearance appointment. This evaluation is a mandatory step to ensure you are healthy enough to proceed with your scheduled surgery.

Appointment Details:

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

Please bring the following to your appointment:

- A current list of all medications and dosages.
- A list of any allergies.
- Your surgical paperwork or instructions provided by your surgeon.
- Insurance card and photo ID.

Important Instructions:

[Insert specific instructions, e.g., "Please arrive 15 minutes early" or "Fast for 8 hours prior if blood work is required"].

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

Sincerely,

[Staff Name/Clinic Name]
[Contact Information]