[Hospital or Clinic Name]
[Department Name]
[Address]
[Phone Number]

[Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]

Subject: Appointment Reminder: Pre-Operative Evaluation

Dear [Patient Name],

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

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Arrival Time]
- **Location:** [Facility Name/Building/Room Number]
- **Provider:** [Physician Name]

Please bring the following to your appointment:

- A current list of all medications and dosages.
- Insurance card and photo ID.
- Copies of any recent lab results or cardiac tests from other facilities.
- Your completed medical history forms (if provided).

Important Instructions:

[Optional: Insert fasting instructions or specific arrival directions here.]

If you need to reschedule or have questions regarding this appointment, please contact our office at [Phone Number] as soon as possible.

Sincerely,

[Staff Name/Department]
[Hospital or Clinic Name]