[Date]

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

Subject: Reminder: Your Pre-Surgical Health Clearance Appointment

Dear [Patient Name],

This is a reminder of your upcoming pre-surgical health clearance appointment regarding your scheduled procedure for [Procedure Name].

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Hospital Name, Room/Suite Number]
- **Provider:** [Doctor's Name]

The purpose of this visit is to ensure you are physically prepared for surgery and to review your medical history, current medications, and any necessary lab tests.

Important Instructions:

- Please bring a complete list of your current medications and dosages.
- Bring your insurance card and a valid photo ID.
- [Optional: Please fast for 8 hours prior if blood work is required].
- Arrive [15] minutes early to complete any remaining paperwork.

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

We look forward to seeing you.

Sincerely,

[Your Name/Department Name]
[Facility Name]