[Date]

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

Subject: Reminder - Scheduled Pre-Operative Clearance Appointment

Dear [Patient Name],

This is a reminder regarding your upcoming pre-operative clearance appointment. This evaluation is a mandatory step to ensure you are healthy enough to proceed with your scheduled surgery.

Appointment Details:

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

To prepare for this appointment, please:

- Bring a current list of all medications and dosages.
- Bring any recent lab results or cardiac test reports if performed at a different facility.
- Arrive [15] minutes early to complete necessary paperwork.
- [Optional: Fast for 8 hours if blood work is required].

Your surgery may be delayed or rescheduled if this clearance is not completed on time. If you need to cancel or reschedule, please contact us at [Phone Number] at least [24/48] hours in advance.

We look forward to seeing you.

Sincerely,

[Your Name/Office Name]
[Contact Information]