[Date]

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

Subject: Official Reminder: Pre-Operative Clearance Appointment

Dear [Patient Name],

This letter is a formal reminder of your upcoming pre-operative clearance appointment. This evaluation is a mandatory requirement to ensure your safety before your scheduled surgical procedure.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Facility Name/Clinic Name], [Full Address]
- **Provider:** [Doctor's Name]

Important Instructions:

- Please arrive [15] minutes early to complete necessary paperwork.
- Bring a current list of all medications, supplements, and dosages.
- Bring your insurance card and a valid photo ID.
- [Optional: Fasting is required/not required for this appointment.]

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

We look forward to seeing you.

Sincerely,

[Staff Name/Department Name]
[Medical Practice Name]
[Phone Number]