Date: [Current Date]

Patient Name: [Patient First and Last Name]
Patient Address: [Patient Address]
Patient Phone: [Patient Phone Number]

Dear [Patient Name],

This is a reminder of your upcoming **Pre-Operative Clearance Appointment** with [Physician Name]. This appointment is mandatory to ensure you are medically cleared for your scheduled surgery.

Appointment Details:

- **Date:** [Appointment Date]
- **Time:** [Appointment Time]
- **Location:** [Clinic/Office Name and Address]

Surgery Information:

- **Scheduled Procedure:** [Procedure Name]
- **Surgery Date:** [Surgery Date]
- **Surgeon:** [Surgeon Name]

Instructions for your appointment:

- Please arrive 15 minutes early to complete any necessary paperwork.
- Bring a current list of all medications, vitamins, and supplements you are taking.
- Bring any lab results or cardiac reports requested by your surgeon.
- Be prepared to discuss your medical history and undergo a physical examination.

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

Sincerely,

[Staff Name/Office Name]
[Contact Information]