[Date]

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

Subject: Notification of Surgical Pre-Authorization and Appointment Reminder

Dear [Patient Name],

We are pleased to inform you that your insurance provider has officially approved the pre-authorization for your upcoming surgical procedure. Please keep this letter for your records.

This letter also serves as a reminder of your scheduled surgery details:

- **Procedure:** [Name of Procedure]
- **Date of Surgery:** [Date]
- **Arrival Time:** [Time]
- **Location:** [Facility Name and Address]
- **Surgeon:** [Physician Name]

Important Instructions:

- Do not eat or drink anything after midnight the night before your surgery.
- Ensure you have a responsible adult to drive you home and stay with you for 24 hours.
- Bring a valid photo ID and your insurance card to the facility.

If you have any questions regarding your pre-operative requirements or if you need to reschedule, please contact our office at [Phone Number] as soon as possible.

Thank you for choosing [Medical Group Name]. We look forward to providing you with excellent care.

Sincerely,

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