

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title/Position]  
[Hospital/Clinic Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Confirmation of GJ Tube Placement

I am writing to confirm the scheduled placement of the Gastrojejunostomy (GJ) tube for [Patient's Full Name], [Patient's Date of Birth], on [Scheduled Date] at [Time] in [Location, e.g., Operating Room or Procedure Room].

Please find below the necessary details for the procedure:

1. **\*\*Patient Information\*\***:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Medical Record Number: [MRN]

2. **\*\*Procedure Details\*\***:

- Type: Gastrojejunostomy Tube Placement
- Reason for Procedure: [Brief Explanation]
- Anticipated Duration: [Time Estimate]

3. **\*\*Pre-Procedure Instructions\*\***:

- [List any required preparations, fasting instructions, or medications to be taken or avoided]

We appreciate your collaboration in caring for [Patient's Name]. Please feel free to reach out if you need any additional information or clarification regarding the procedure.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Institution/Organization Name]

[Contact Information]