

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

Dear [Doctor's Name],

Subject: Confirmation of Knee Replacement Surgery Appointment

I am writing to confirm my scheduled knee replacement surgery appointment. Here are the details for your reference:

**\*\*Patient Name:\*\*** [Your Full Name]

**\*\*Date of Surgery:\*\*** [Surgery Date]

**\*\*Time:\*\*** [Surgery Time]

**\*\*Location:\*\*** [Hospital/Clinic Name and Address]

**\*\*Surgeon:\*\*** [Surgeon's Name]

Please let me know if there are any additional instructions or preparations needed prior to the surgery.

Thank you for your attention. I look forward to the procedure.

Sincerely,

[Your Name]