

[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],

I am writing to confirm my scheduled knee replacement surgery date. My surgery is set for [Date] at [Time] at [Hospital/Clinic Name].

Please let me know if there are any necessary preparations or forms I need to complete prior to my surgery. I appreciate your assistance and support.

Thank you, and I look forward to your confirmation.

Sincerely,
[Your Name]