

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Surgeon's Name]  
[Medical Facility/Practice Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Surgeon's Name],

I hope this letter finds you well. I am writing to confirm my upcoming knee replacement surgery scheduled for [Date of Surgery] at [Facility Name].

I have been experiencing significant discomfort and limitations in my mobility due to [briefly describe your knee condition], and after our consultations, I feel confident in moving forward with the procedure. Please let me know if there are any specific preparations or instructions I need to follow prior to the surgery date. I appreciate the care and attention you and your team have provided, and I look forward to a successful outcome.

Thank you for your support.

Sincerely,

[Your Name]