

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

Dear [Doctor's Name or Office Staff],

I am writing to confirm my appointment for a knee replacement surgery scheduled for [Date] at [Time]. The procedure will take place at [Location/Operating Room].

Please let me know if there are any specific preparations or documents I should bring along on the day of the surgery.

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

Sincerely,

[Your Name]

[Your Patient ID or Date of Birth, if applicable]