

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your application for rhinoplasty has been accepted. We understand how important this procedure is to you, and we are committed to providing you with the highest level of care.

Your scheduled surgery date is [Date], and we will meet you at [Time] at [Location]. Please remember to follow the pre-operative instructions given during our consultation to ensure the best possible outcome.

If you have any questions or need further assistance, do not hesitate to reach out to our office at [Phone Number] or [Email].

Thank you for choosing us for your rhinoplasty procedure. We look forward to assisting you through this journey.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic's Name]