

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

Dear [Surgeon's Name],

Subject: Coordination for Knee Replacement Surgery

I hope this letter finds you well. I am writing to coordinate the necessary arrangements for my upcoming knee replacement surgery scheduled for [insert date].

Please find the details below for your reference:

- Patient Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Procedure: Total Knee Replacement
- Scheduled Date: [Insert Date]
- Pre-operative Assessment Date: [Insert Date]
- Insurance Information: [Insert Insurance Provider and Policy Number]

I would appreciate it if you could confirm the surgery date and provide any pertinent information regarding pre-operative preparations, medications, and post-operative care instructions.

Additionally, if there are specific forms or documents required ahead of time, please let me know so I can complete them accordingly.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Patient Signature, if sending a hard copy]