Sample Medical Procedure Approval Letter

[Your Name]

[Your Title]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

Dear [Patient's Name],

Subject: Medical Procedure Approval

I am writing to inform you that your request for the [Medical Procedure Name] has been approved by our medical team. After careful consideration of your medical condition, it has been determined that the procedure is necessary and appropriate.

Please review the attached procedure details, pre-operative instructions, and consent forms. If you have any questions or concerns, do not hesitate to contact our patient services department. Your procedure is scheduled for [Date] at [Time] in [Location].

We wish you a successful procedure and a smooth recovery. Thank you for entrusting us with your medical care.

Sincerely,

[Your Name]

[Your Title]