## Confirmation Email to Surgical Schedulers and Attendings

Dear **[SURGICAL SCHEDULER NAME]**,

**[PHYSICIAN NAME]** is participating in the **[MEDICAL SCHOOL NAME]** Surgical Subspecialty Experience Program.

As part of this program, **[PHYSICIAN NAME]** has agreed to allow medical students to shadow in the OR and Clinic.

The following medical student(s) have signed up to shadow **[PHYSICIAN NAME]** next week:

**[DAY], [DATE]:**

* **[STUDENT NAME]**
* **[OR or CLINIC NUMBER]**
* **[START TIME]** - **[END TIME]**

Please let us know if you need anything else!

Sincerely,

The Surgical Subspecialty Experience Program Team