

Dear [Patient's Name],

We would like to provide you with important information regarding the anesthesia you will receive during your upcoming surgery scheduled for [Date].

Anesthesia Type

Your procedure will require [specific type of anesthesia: general, regional, local]. This will be administered by a licensed anesthesiologist.

Preoperative Instructions

- Please refrain from eating or drinking after midnight prior to your surgery.
- Inform us of any medications you are currently taking.
- If you have any allergies or previous reactions to anesthesia, please let us know.

What to Expect

Upon arrival, you will be assessed by your anesthesiologist. The team will review your medical history and answer any questions you may have.

Risks and Benefits

Like all medical procedures, anesthesia carries risks. However, it is generally safe and helps ensure you remain comfortable during surgery.

Contact Information

If you have any questions or concerns before your surgery, please do not hesitate to contact us at [Phone Number] or [Email Address].

We appreciate your trust in our care.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]