

Patient Reminder for Pre-Surgery Tasks

Dear [Patient's Name],

We would like to remind you of the important tasks you need to complete before your upcoming surgery scheduled for [Date]. Please review the following checklist:

- Confirm your surgery time and location.
- Arrive at the hospital at least [X] hours before your surgery.
- Do not eat or drink anything after [Time].
- Arrange for someone to drive you home post-surgery.
- Complete any required pre-operative tests.
- List any medications you are currently taking, including over-the-counter drugs.
- Contact us if you have any questions or concerns prior to the surgery.

Your health and safety are our top priorities. Thank you for your attention to these important matters.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]