

Pre-Admission Instructions

Dear [Patient's Name],

We are pleased to inform you that your pre-admission for your upcoming procedure on [Date] has been scheduled. Please review the following instructions carefully:

1. Preparation for Your Procedure:

- Do not eat or drink anything after [Time] the night before your procedure.
- If you are taking any medications, please consult with your physician about which medications to take on the day of your procedure.
- Arrive at the hospital at least [Time] before your scheduled procedure.

2. What to Bring:

- Your insurance information and photo ID.
- A list of your current medications.
- Any necessary medical records or referrals.

3. After Your Procedure:

Please arrange for a responsible adult to accompany you home, as you may be drowsy from medications.

Contact Information:

If you have any questions or concerns, feel free to reach out to our office at [Phone Number] or [Email Address].

Thank you for choosing [Hospital/Clinic Name]. We look forward to providing you with excellent care.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]