

# Pre-Surgery Information Letter

Dear [Patient's Name],

We are reaching out to provide you with important information regarding your upcoming surgery scheduled for [Date] at [Time]. Please read through this information carefully to ensure you are well-prepared for the procedure.

## 1. Pre-Surgery Instructions

- **Fasting:** Do not eat or drink anything after [Time] on the day before your surgery.
- **Medications:** Please provide a list of all medications you are currently taking. Discuss with your physician if you should take any medications on the day of surgery.
- **Allergies:** Inform us of any allergies to medications, foods, or other substances.
- **Transportation:** Arrange for someone to drive you home after the surgery as you will not be able to drive yourself.

## 2. Day of Surgery

Please arrive at [Location] at least [Time] before your scheduled surgery. Bring the following items:

- Government-issued photo ID
- Insurance card
- Any required paperwork from your healthcare provider

## 3. What to Expect

During the procedure, you will be monitored by a team of medical professionals. Post-surgery, you will be taken to a recovery area until you are stable enough to go home. You may experience some discomfort, which will be managed with medications.

## 4. Questions and Concerns

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

We look forward to providing you with the best possible care.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]