

Patient Readiness Guidelines for Surgery

Date: [Insert Date]

Dear [Patient's Name],

We are pleased to inform you that you will be undergoing surgery on [Insert Surgery Date]. To ensure a smooth process and optimal recovery, please review the following patient readiness guidelines:

1. Pre-Surgery Appointment

Please attend your pre-surgery appointment on [Insert Appointment Date]. This is crucial for a complete evaluation.

2. Medications

Review all medications with your doctor. Some medications may need to be halted before surgery.

3. Fasting Instructions

You must fast for at least [Insert Hours] prior to your surgery. Detailed instructions will be provided during your pre-surgery visit.

4. Transportation

Ensure that a responsible adult is available to transport you home following your surgery.

5. Post-Surgery Care

Follow all post-operative care instructions as given by your healthcare team to ensure a smooth recovery.

If you have any questions or concerns regarding these guidelines, please do not hesitate to reach out to our office.

Thank you for your cooperation, and we wish you a successful surgery.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Contact Information]