

Patient Surgery Preparation Overview

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

Overview

Dear [Patient Name],

As you prepare for your upcoming surgery, we want to ensure that you are well-informed and fully prepared. This letter provides an overview of the important steps you need to take before your procedure.

Preparation Recommendations

- **Medication:** Please review your current medications with your physician. Some medications may need to be adjusted or stopped prior to surgery.
- **Diet:** Follow any dietary instructions given by your doctor, particularly regarding fasting before surgery.
- **Transportation:** Arrange for someone to drive you to and from the surgery, as you will not be able to drive yourself.
- **Clothing:** Wear comfortable, loose-fitting clothing on the day of your surgery.
- **Hygiene:** Follow any preoperative hygiene guidelines, such as showering with antibacterial soap.
- **Questions/Concerns:** Do not hesitate to call our office if you have any questions or concerns prior to your surgery.

Contact Information

If you have any further questions or need assistance, please contact us at:

[Insert Office Phone Number]

[Insert Office Email Address]

Thank you for your attention to these important details. We look forward to caring for you.

Sincerely,

[Your Name]

[Your Title]

[Your Facility Name]