

Patient Surgery Preparation Protocol

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient's Name],

As your scheduled surgery date approaches, we would like to ensure you are fully prepared for your upcoming procedure. Please review the following protocol carefully:

1. Pre-Surgery Instructions

- Do not eat or drink anything after midnight before your surgery.
- Take any prescribed medications with a sip of water, unless instructed otherwise.
- Arrange for someone to drive you home after the surgery.
- Wear comfortable clothing and avoid jewelry on the day of surgery.

2. Arrival Time

Please arrive at [Hospital/Clinic Name] at least [X hours] prior to your scheduled surgery time.

3. Contact Information

If you have any questions or concerns, please do not hesitate to contact our office at [Phone Number] or [Email Address].

We wish you a successful surgery and a smooth recovery!

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]