

Surgery Preparation Checklist

Dear [Patient's Name],

As you prepare for your upcoming surgery on [Date], please review the following checklist to ensure everything is in order:

Pre-Surgery Instructions:

- **Medications:** Please take only medications approved by your doctor.
- **Fasting:** Do not eat or drink after [Time] the night before your surgery.
- **Clothing:** Wear loose, comfortable clothing.
- **Transportation:** Arrange for someone to drive you home post-surgery.
- **Medical Records:** Bring any required documents or medical history notes.

Day of Surgery:

- **Arrival Time:** Arrive at the hospital by [Time].
- **Personal Items:** Leave valuables at home.
- **Questions:** Ask any final questions before your procedure.

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

Looking forward to seeing you soon,

Sincerely,
[Your Name]
[Your Title]
[Hospital/Clinic Name]