

# Pre-Procedure Instructions

Dear [Patient's Name],

Thank you for scheduling your upcoming procedure with us. To ensure a smooth and successful experience, please carefully review the following pre-procedure instructions:

## 1. Appointment Details:

Date: [Procedure Date]

Time: [Procedure Time]

Location: [Procedure Location]

## 2. Medications:

Please inform us about all medications you are currently taking. Depending on your procedure, you may need to stop certain medications prior to your appointment.

## 3. Fasting:

For certain procedures, you may be required to fast for a specific period before the scheduled time. Please follow these guidelines:

- No food or drink after [Time, e.g., midnight, 6 AM]
- Allowed to drink clear liquids up to [Time, e.g., 2 hours before the procedure]

## 4. Transportation:

Many procedures require sedation. Please arrange for someone to accompany you and drive you home after your procedure.

## 5. Clothing:

Wear comfortable clothing and avoid jewelry or accessories that may interfere with the procedure.

## 6. Questions or Concerns:

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

Thank you for your attention to these important details. We look forward to seeing you soon!

Sincerely,

[Your Name]

[Your Title]

[Clinic or Hospital Name]

[Contact Information]