

Surgery Pre-Screening Instructions

Dear [Patient's Name],

We are writing to provide you with important pre-screening instructions for your upcoming surgery scheduled on [Date] at [Time].

Before Your Surgery:

- Please refrain from eating or drinking anything after [Midnight/Specific Time] the night before your surgery.
- Take all medications as directed by your physician, unless instructed otherwise.
- Arrange for a responsible adult to accompany you home after surgery.
- Wear comfortable clothing and leave valuable items at home.

Day of Surgery:

- Arrive at the facility at least [Time] minutes prior to your scheduled surgery.
- Bring all necessary paperwork, including your insurance card and ID.
- If you have any questions or concerns, please contact our office at [Phone Number].

Thank you for your attention to these instructions. We look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

[Medical Facility Name]

[Phone Number]

[Email Address]