

Surgical Readiness Information

Date: _____

Patient Name: _____

Patient ID: _____

Surgeon: _____

Procedure: _____

Scheduled Date: _____

Dear [Patient's Name],

Your upcoming surgical procedure is scheduled for [Date]. To ensure a smooth and successful surgery, please review the following important information and instructions:

Preoperative Instructions

- Do not eat or drink anything after [Time] the night before surgery.
- Bring any medications you are currently taking, including over-the-counter drugs and vitamins.
- Wear comfortable clothing and avoid jewelry and makeup on the day of the procedure.
- Arrive at the hospital/clinic at least [Time] minutes prior to your scheduled surgery time.

Postoperative Care

- Have a responsible adult accompany you home post-surgery.
- Follow all discharge instructions carefully and schedule a follow-up appointment within [Timeframe].
- Monitor for any signs of infection or abnormal symptoms, and contact our office if you have concerns.

If you have any questions or require further assistance, do not hesitate to contact our office at [Phone Number].

Thank you for your attention to these important details. We look forward to providing you with excellent care.

Sincerely,

[Surgeon's Name]

[Hospital/Clinic Name]

[Contact Information]