

# Outpatient Procedure Guidelines and Expectations

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

**Dear [Patient's Name],**

We are writing to inform you about the guidelines and expectations for your upcoming outpatient procedure scheduled for [Insert Date]. Please review the following important information:

## **Pre-Procedure Guidelines:**

- Arrive at the facility [Insert Time] prior to your scheduled procedure.
- Do not eat or drink anything after [Insert Time] the night before.
- If you are taking prescribed medications, please consult with your physician about which medications to take on the day of the procedure.
- Wear comfortable clothing and avoid jewelry or accessories that may interfere with the procedure.

## **Day of Procedure Expectations:**

- Check in at the reception desk upon arrival.
- You will undergo a brief evaluation by the healthcare team.
- A designated staff member will guide you through the process.
- Post-procedure, you will be monitored in recovery before being discharged.

## **Post-Procedure Care:**

Follow the post-procedure instructions provided by the healthcare team for optimal recovery. It is important to arrange for someone to accompany you home.

## **Contact Us**

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

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Facility Name]