Outpatient Procedure Instructions

Dear [Patient's Name],

Thank you for choosing [Clinic/Hospital Name] for your upcoming outpatient procedure on [Date]. Please carefully review the following pre-operative care instructions:

Before Your Procedure:

- Do not eat or drink anything after [Time] on the day before your procedure.
- Continue taking your medications as instructed by your physician, unless otherwise directed
- If you are on blood thinners, please consult your doctor about adjustments prior to your procedure.
- Arrange for a responsible adult to drive you home after the procedure.
- Wear loose, comfortable clothing on the day of the procedure.

Day of Your Procedure:

- Arrive at [Location] at [Time].
- Bring your identification and insurance information.
- Notify the staff of any allergies or medical conditions.

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

** *	1 1	C 1		•		
VA/ 🕰	IOOK	forward	tΛ	CAAING	MOII	coon
** (AUUL	ioiwaiu	w	SCCIIIE	vou	SOUII.

Sincerely,

[Doctor's Name]

[Clinic/Hospital Name]

[Contact Information]