

Pre-Operative Checklist for Reconstructive Surgery

Date: [Insert Date]

Dear [Patient's Name],

As you prepare for your upcoming reconstructive surgery, please review the following pre-operative checklist to ensure you are ready for the procedure.

Pre-Operative Checklist

- **Medical History:** Ensure all medical records are updated.
- **Medications:** List all medications you are currently taking.
- **Allergies:** Inform us about any allergies or adverse reactions.
- **Fasting:** Follow the fasting instructions provided.
- **Transportation:** Arrange for someone to drive you home post-surgery.
- **Clothing:** Wear loose, comfortable clothing on the day of the procedure.
- **Follow-Up:** Schedule and confirm your follow-up appointment.

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

Thank you for your attention to this checklist. We look forward to seeing you soon.

Sincerely,
[Your Name]
[Your Title]
[Your Clinic/Hospital]