

Patient Education: Surgical Preparation

Dear [Patient's Name],

We are pleased that you have chosen [Hospital/Clinic Name] for your upcoming surgery on [Surgery Date]. To ensure a smooth surgical experience, please review the following important information.

Before Your Surgery

- **Pre-Operative Instructions:** Follow all instructions provided by your healthcare team, including dietary restrictions and medication management.
- **Fasting:** Do not eat or drink anything after [Specify Time] prior to your surgery.
- **Transportation:** Ensure you have a responsible adult to accompany you home after the procedure.

What to Bring

- Photo ID
- Insurance information
- A list of medications you are currently taking

On the Day of Surgery

Arrive at [Arrival Time] so that we can prepare you for your surgery. Our team will take care of you and provide updates throughout the process.

Post-Operative Care

After your surgery, specific aftercare instructions will be provided to ensure a successful recovery.

If you have any questions or concerns, please do not hesitate to contact our office at [Phone Number]. Thank you for trusting us with your care.

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