

Patient Pre-Surgery Checklist

Dear [Patient's Name],

As you prepare for your upcoming surgery scheduled for [Date], we want to ensure you are well-informed and ready for the procedure. Please review the following checklist:

Pre-Surgery Checklist

- Confirm your surgery date and time with the hospital.
- Do not eat or drink anything after [Time] the night before surgery.
- Arrange for a responsible adult to transport you to and from the hospital.
- Remove all jewelry, makeup, and contact lenses before surgery.
- Bring a list of your current medications and any allergies.
- Discuss any concerns or questions with your surgeon prior to the day of surgery.
- Wear comfortable clothing to the hospital.

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

We wish you a smooth and successful surgery!

Sincerely,
[Your Clinic/Hospital Name]