

Pre-Operative Instructions for Elective Surgery

Dear [Patient's Name],

We are writing to provide you with important information and instructions to prepare for your upcoming elective surgery scheduled on [Date] at [Time]. Please read the following instructions carefully.

1. Pre-Operative Assessment

Attend your scheduled pre-operative assessment appointment on [Date] at [Time]. Bring any necessary medical records or information relevant to your health history.

2. Medications

Please inform us of all medications you are currently taking, including over-the-counter drugs and supplements. You may be instructed to discontinue certain medications before your surgery.

3. Fasting Instructions

You should not eat or drink anything after [Time] on the day prior to your surgery. This includes water, gum, and mints.

4. Arrangements

Make arrangements for transportation to and from the hospital, as you will not be able to drive yourself home after the procedure.

5. Post-Operative Care

Have a plan in place for post-operative care, including assistance at home if needed. Follow all post-operative instructions provided by your surgical team.

6. Contact Us

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

Thank you for your cooperation. We look forward to assisting you towards a safe and successful surgery.

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