# **Surgical Preparation Guidelines**

Dear [Patient's Name],

We want to ensure your upcoming surgery is as safe and effective as possible. Below are the preparation guidelines you need to follow:

## 1. Pre-Operative Consultation

Please attend the scheduled pre-operative consultation on [Date] at [Time]. This is important for evaluating your health and discussing any questions.

#### 2. Medication Instructions

Avoid taking non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or aspirin at least [X] days prior to your surgery.

Continue taking prescribed medications, but consult with your doctor if you have concerns.

#### 3. Fasting

You must not eat or drink anything after [Time] on the night before your surgery. This is crucial for your safety during the procedure.

### 4. Personal Hygiene

Take a shower on the morning of your surgery, using antiseptic soap if provided.

#### 5. Clothing

Wear comfortable clothing and avoid wearing any jewelry or makeup.

#### 6. Transportation

Arrange for a responsible adult to take you home after the surgery.

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

Thank you for your cooperation, and we wish you a successful surgery.

Sincerely,

[Your Name]
[Your Title]
[Clinic Name]
[Contact Information]