

Pre-Admission Advice for New Patients

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient's Name],

Welcome to [Hospital Name]! We are pleased to have you as a patient and look forward to providing you with the best care possible. To ensure a smooth admission process, please review the following pre-admission advice:

1. Required Documents

- Government-issued ID
- Insurance information (if applicable)
- Referral letters or medical records

2. Medications

List all medications you are currently taking, including over-the-counter drugs and supplements. Please bring them with you on the day of your admission.

3. Fasting Instructions

If your procedure requires fasting, please refrain from eating or drinking after [insert time] the night before your admission.

4. Arrival Time

Please arrive at [Hospital Name] at least [insert time] before your scheduled procedure to allow time for check-in and preparation.

5. Transportation

Make arrangements for transportation to and from the hospital. It is advisable not to drive yourself following your procedure.

If you have any questions or need further assistance, do not hesitate to contact our admissions office at [phone number] or [email address].

Thank you for choosing [Hospital Name]. We wish you the best for your upcoming procedure!

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Contact Information]