

Medication Management Pre-Surgery Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Surgeon: [Insert Surgeon Name]

Surgery Date: [Insert Surgery Date]

Dear [Patient's Name],

As you prepare for your upcoming surgery, it is crucial to manage your medications appropriately. Please carefully review the following instructions regarding your medications:

1. Medications to Discontinue:

- [Medication Name 1] - Discontinue [X days] before surgery
- [Medication Name 2] - Discontinue [X days] before surgery

2. Medications to Continue:

- [Medication Name 3] - Continue as prescribed
- [Medication Name 4] - Continue with [specific instructions]

3. Over-the-Counter Medications:

Avoid taking any over-the-counter medications or supplements without prior approval from your healthcare provider.

4. Anesthesia and Pain Management:

Notify your anesthesiologist of any medications you are currently taking, including herbal supplements and vitamins.

Contact Information

If you have any questions or concerns regarding your medications, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

Thank you for your attention to this important matter. We wish you a safe and successful surgery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]