

Outpatient Surgery Patient Information Guide

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

Your scheduled surgery is on [Insert Date] at [Insert Time]. Please arrive at least [Insert Duration] minutes early.

Pre-Surgery Instructions

1. Do not eat or drink anything after [Insert Time] the night before your surgery.
2. Take prescribed medications with a small sip of water unless instructed otherwise.
3. Bring any necessary medical records and identification.

Post-Surgery Care

1. You will need someone to drive you home after the procedure.
2. Follow all post-operative care instructions provided by your physician.

Contact Information

If you have any questions or concerns, please contact us at:

[Insert Phone Number]

[Insert Email Address]

We look forward to providing you with quality care.

Sincerely,

[Insert Healthcare Facility Name]