

Outpatient Surgery Readiness Document

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Procedure: [Insert Procedure Name]

Scheduled Date: [Insert Scheduled Date]

Instructions for Surgery

- Do not eat or drink anything after midnight prior to your surgery date.
- Wear loose-fitting clothing on the day of the procedure.
- Bring a caregiver to assist you post-surgery.
- Stop taking any blood-thinning medications as instructed by your physician.

Required Items to Bring

- Health insurance card
- Identification (e.g., driver's license)
- List of current medications
- Any advance directives (if applicable)

Contact Information

If you have any questions, please contact our office at:

Phone: [Insert Phone Number]

Email: [Insert Email Address]

Emergency Contact

Emergency Contact Name: [Insert Emergency Contact Name]

Emergency Contact Phone: [Insert Emergency Contact Phone]

Thank you for your attention to these details as we prepare for your upcoming surgery. We look forward to providing you with excellent care.