

# Pre-Surgery Information

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Surgical Procedure]

Location: [Insert Facility Name]

Time: [Insert Time of Surgery]

**Dear [Patient's Name],**

We are preparing for your upcoming surgery scheduled for [insert date]. Please read the following information carefully to ensure you are fully prepared for your procedure.

## **Pre-Surgery Instructions:**

- Do not eat or drink anything after [insert time] the night before your surgery.
- Take any prescribed medications with a small sip of water unless directed otherwise.
- Wear comfortable clothing and leave valuables at home.

## **Arrival Time:**

Please arrive at least [insert time] minutes before your scheduled surgery time to complete any necessary paperwork and pre-operative assessments.

## **Post-Operative Care:**

After your surgery, you will be moved to a recovery area where your progress will be monitored. Please arrange for someone to take you home.

## **Contact Information:**

If you have any questions or need to reschedule, please contact us at [insert phone number].

Thank you, and we look forward to helping you through your surgery.

Sincerely,

[Doctor's Name]

[Facility Name]

[Contact Information]