

Pre-Surgical Checklist

Dear [Patient's Name],

As you prepare for your upcoming surgery on [Surgery Date], please review the following checklist to ensure you are fully prepared:

1. Medical History

- Complete all necessary medical history forms.
- Inform your surgeon of any allergies or reactions to anesthesia.
- Update your provider about any medications you are currently taking.

2. Pre-Operative Instructions

- Follow any dietary restrictions (e.g., fasting) as instructed.
- Avoid alcohol and tobacco use leading up to your surgery.
- Arrive at the hospital or surgical center by [Arrival Time].

3. Day of Surgery

- Wear loose, comfortable clothing.
- Bring any required paperwork and identification.
- Arrange for someone to drive you home post-surgery.

4. Post-Operative Care

- Understand your post-operative instructions from your surgeon.
- Prepare your home for recovery (e.g., medications, supplies).
- Schedule your follow-up appointment as discussed.

Please reach out to our office at [Contact Number] if you have any questions or concerns. We are here to assist you.

Best regards,

[Your Name]

[Your Title]

[Medical Facility Name]