

# Pre-Surgery Guidelines

Dear [Patient's Name],

As you prepare for your upcoming surgery on [Date], we want to ensure that you are well-informed about important guidelines that will help facilitate a smooth procedure and recovery.

## 1. Medication Instructions

Please inform your physician of all medications you are taking, including over-the-counter drugs and supplements. Some medications may need to be adjusted or temporarily stopped prior to surgery.

## 2. Dietary Restrictions

Do not eat or drink anything after [Time] the night before your surgery. This includes water, gum, and mints to ensure your safety during the procedure.

## 3. Transportation Arrangements

You will need a responsible adult to drive you home after the surgery. Please arrange this in advance.

## 4. Clothing and Personal Items

Wear comfortable, loose-fitting clothing on the day of your surgery. Avoid jewelry and makeup.

## 5. Arrival Time

Plan to arrive at the hospital [Time] before your scheduled surgery time to allow for check-in and preparation.

If you have any questions or concerns, please do not hesitate to contact our office at [Phone Number].

Thank you for your attention to these important guidelines as we prepare for your surgery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Clinic Name]

[Contact Information]