

Pre-Operative Assessment and Instructions

Date: [Insert Date]

Dear [Patient's Name],

We are writing to provide you with important information regarding your upcoming surgery scheduled for [Insert Date of Surgery]. As part of our pre-operative process, we require you to complete a pre-operative assessment. Please read the following instructions carefully:

Pre-Operative Assessment

1. Please complete the attached medical history form.
2. Schedule a pre-operative appointment with your physician.
3. Undergo any necessary laboratory tests, including blood work and imaging studies.

Pre-Operative Instructions

- No food or drink after midnight the night before your surgery.
- Arrange for someone to accompany you and take you home post-surgery.
- Wear loose-fitting clothing and avoid jewelry on the day of surgery.

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

Thank you for your cooperation. We wish you a successful surgery and a smooth recovery.

Sincerely,

[Your Name]

[Your Title]

[Your Hospital/Clinic Name]