

# Pre-Surgery Patient Guidelines

Dear [Patient's Name],

We are writing to provide you with important information regarding your upcoming surgery scheduled for [Date] at [Time]. Please review the following guidelines to ensure a smooth and successful procedure:

## Before Your Surgery

- **Fasting:** You must not eat or drink anything after [Time] the night before your surgery.
- **Medications:** Please consult with your physician regarding which medications you should continue or discontinue prior to surgery.
- **Transportation:** Arrangements for transportation home post-surgery are necessary, as you will not be able to drive yourself.
- **Clothing:** Wear comfortable, loose-fitting clothing on the day of surgery.

## Day of Surgery

- Arrive at [Location] at least [Time] before your scheduled procedure.
- Bring any required documents, including your ID and insurance information.
- If you have any questions or concerns, please do not hesitate to ask our staff.

We appreciate your cooperation and look forward to assisting you through this process. If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]