## **Surgical Procedure Preparation Guidelines**

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Procedure: [Insert Procedure Name]

## **Preparation Checklist**

- Prior to the Procedure:
  - o Consult with your physician regarding medications.
  - o Follow fasting instructions (usually 8 hours before surgery).
  - o Discuss any allergies or prior reactions to anesthesia.
- Day of Surgery:
  - o Arrive at the facility at least [Insert Time] before the scheduled procedure.
  - Wear comfortable clothing and avoid jewelry.
  - o Bring necessary identification and insurance information.
- Post-Procedure Care:
  - o Arrange for a responsible adult to drive you home.
  - o Follow discharge instructions carefully.
  - o Schedule a follow-up appointment, if necessary.

## **Contact Information**

[Your Institution]

If you have any questions, please contact us at:
[Insert Phone Number]
[Insert Email Address]
Thank you for your attention to these guidelines.
Sincerely,
[Your Name]
[Your Title]