

Pre-Operative Instructions

Dear [Patient's Name],

We are pleased to inform you that your upcoming surgery is scheduled for [Date] at [Time]. Please carefully review the following pre-operative instructions to ensure a smooth procedure:

1. Medication

- Please refrain from taking any blood thinners or anti-inflammatory medications at least [number] days prior to surgery.
- Take your regular medications with a small sip of water the morning of your surgery.

2. Fasting

- Do not eat or drink anything after [Time] on the night before your surgery.

3. Transportation

- Arrange for a responsible adult to drive you home after the procedure.

4. Clothing

- Wear loose-fitting, comfortable clothing and avoid any jewelry or makeup.

5. Contact Information

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

Thank you for your cooperation. We look forward to seeing you soon.

Sincerely,

[Your Name]
[Your Title]
[Your Institution]