

Pre-Operative Testing Instructions

Dear [Patient's Name],

As you prepare for your upcoming surgery on [surgery date], we need you to complete the following pre-operative testing and evaluation:

Instructions:

1. **Blood Tests:** Please schedule a blood draw at least [number of days] days prior to your surgery. This should be done at [location of lab].
2. **Physical Examination:** Schedule a physical examination with your primary care physician within [number of days] days before surgery.
3. **Cardiac Evaluation:** If you have a history of heart problems, please arrange for an EKG and/or echocardiogram as advised by your doctor.
4. **Medications:** Discuss with your physician any medications you need to stop or continue prior to surgery, particularly blood thinners.
5. **Fasting Instructions:** You will need to fast for [number of hours] hours before the surgery. Do not eat or drink anything, including water.

To schedule your tests, please call [phone number] or visit [website]. Ensure all tests are completed no later than [deadline date].

If you have any questions or concerns, do not hesitate to contact our office.

Thank you for your cooperation.

Sincerely,
[Your Name]
[Your Title]
[Hospital/Organization Name]
[Contact Information]