

Medication Management Prior to Surgery

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient's Name],

As you prepare for your upcoming surgery on [date of surgery], we would like to provide you with important information regarding your medication management.

Medications to Review

- List any medications that the patient should discontinue
- List any over-the-counter medications not recommended
- List any supplements or herbal remedies to avoid

Medications to Continue

- List medications that should be continued
- Include any specific instructions regarding dosages

Special Instructions

Please ensure to follow these instructions:

- Avoid taking any medications as advised prior to surgery.
- Bring all of your medications, including prescriptions and over-the-counter drugs, on the day of surgery.
- Consult your healthcare provider if you have questions or concerns about your medications.

Contact Information

If you have any questions, please do not hesitate to contact us at:

Phone: [Phone Number]

Email: [Email Address]

Thank you for your attention to this important matter. We look forward to assisting you on the day of your surgery.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]