

Pre-Operative Instructions

Dear [Patient's Name],

We are writing to provide you with important information regarding your upcoming minimally invasive procedure scheduled for [Date]. Please take a moment to review the following pre-operative instructions:

Before Your Procedure:

- Do not eat or drink anything after midnight before your procedure.
- Arrive at the facility at least [Time] prior to your scheduled time.
- Arrange for a responsible adult to drive you home after the procedure.
- Wear comfortable, loose-fitting clothing on the day of your procedure.
- Please inform us of any medications you are currently taking.

Medications:

If you are on anticoagulants or any blood-thinning medications, please discuss this with your physician, as they may need to be paused before the procedure.

After Your Procedure:

- Follow any post-operative care instructions provided by your physician.
- Rest and avoid strenuous activities for at least [Time Frame] following your procedure.
- Contact our office if you experience any unusual symptoms or have concerns.

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

Thank you for choosing [Your Clinic/Hospital Name]. We look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]