

Dear [Patient's Name],

As your surgery date approaches, we want to ensure that you are fully prepared. Please review the following pre-surgery checklist:

Pre-Surgery Checklist

- **Confirmation of Surgery Date:** Please confirm your surgery date and time.
- **Medications:** List all medications you are currently taking and bring them to your appointment.
- **Fasting Instructions:** Do not eat or drink anything after [specific time] the night before the surgery.
- **Transportation:** Arrange for someone to drive you home post-surgery.
- **Attire:** Wear comfortable clothing and avoid jewelry and makeup.
- **Medical History:** Inform us of any allergies or medical conditions.
- **Post-Surgery Care:** Understand your recovery plan and follow-up appointments.

If you have any questions, please do not hesitate to reach out to our office at [office phone number].

Sincerely,
[Your Name]
[Your Title]
[Healthcare Facility Name]