

# Oncology Treatment Procedure Instructions

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

## Dear [Patient's Name],

We are here to guide you through your upcoming oncology treatment. Please carefully read the following instructions to ensure you are fully prepared:

### 1. Treatment Schedule

Your treatment is scheduled for **[Date and Time]**. Please arrive at least **[30 minutes]** early to allow time for check-in and necessary preparations.

### 2. Pre-Treatment Instructions

- Please refrain from eating or drinking anything after **[Time]** on the day of your treatment.
- Take your regular medications with a small sip of water unless otherwise directed.
- If you are feeling unwell or have any new symptoms, please contact us immediately.

### 3. What to Bring

Ensure you bring:

- Your insurance card
- A list of current medications
- Comfortable clothing and shoes
- Any necessary personal items (e.g., books, headphones)

### 4. Post-Treatment Care

After your treatment, you may experience some side effects. Please contact our office if you notice:

- Severe nausea or vomiting
- Fever over 100.5degF
- Unusual fatigue or weakness

Thank you for your attention to these important details. We look forward to supporting you throughout your treatment journey.

**Sincerely,**

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]