

# Patient Information for Urology Procedure

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

**Dear [Patient Name],**

We are writing to provide you with important information regarding your upcoming urology procedure scheduled for [Insert Date of Procedure].

## **Procedure Details:**

**Procedure Name:** [Insert Procedure Name]

**Date and Time:** [Insert Date and Time]

**Location:** [Insert Location]

## **Pre-Procedure Instructions:**

- Please refrain from eating or drinking after [Insert Time].
- Inform us if you are taking any medications, especially blood thinners.
- Arrange for someone to accompany you post-procedure, as you may be sedated.

## **Post-Procedure Information:**

After the procedure, you may experience some discomfort. Please follow the provided aftercare instructions and contact our office if you have any questions.

If you have any further questions or need assistance, feel free to contact our office at [Insert Phone Number] or [Insert Email].

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

**Sincerely,**

[Insert Doctor's Name]

[Insert Title]

[Insert Hospital/Clinic Name]