

Pre-Operative Instructions

Dear [Patient's Name],

We are writing to provide you with important pre-operative instructions for your upcoming surgery scheduled on [Date]. Please follow the guidelines below to ensure a smooth procedure:

1. Medications

Please avoid taking any blood thinners (e.g., aspirin, ibuprofen) for at least [number] days prior to your surgery. Continue to take all other prescribed medications unless directed otherwise.

2. Fasting

Do not eat or drink anything after midnight before your surgery. This includes water, chewing gum, and mints.

3. Transportation

Please arrange for someone to drive you home after the surgery, as you will not be able to drive yourself.

4. Arrival Time

Arrive at the hospital/clinic at least [number] hours prior to your scheduled surgery time. This will allow ample time for check-in and preparation.

5. Clothing

Wear comfortable, loose-fitting clothing, and avoid wearing any jewelry or makeup on the day of your surgery.

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

We wish you the best for your upcoming surgery.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Facility Name]

[Contact Information]