

Pre-Operative Instructions

Dear [Patient's Name],

Upcoming Surgery Details

We are scheduled for your surgery on [Date] at [Time]. The procedure will take place at [Location]. The surgical team will be [Surgeon's Name] and [Assistant's Name].

Pre-Operative Instructions

- Please refrain from eating or drinking anything after midnight before the surgery.
- Take your medications as instructed before coming to the hospital.
- Arrange for someone to drive you home after the surgery.
- Wear comfortable clothing and avoid jewelry on the day of the procedure.
- If you feel unwell or have a fever, contact our office immediately.

Surgical Rationale

This surgery is being recommended to address [specific condition], which has been causing [symptoms] and affecting your quality of life. The objective of the procedure is to [explain goals, e.g., remove, repair, reduce pain].

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

Thank you for your attention to these instructions.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]