

# Surgery Details and Patient Preparation

Date: **[Insert Date]**

Patient Name: **[Insert Patient Name]**

Procedure: **[Insert Procedure Name]**

Surgeon: **[Insert Surgeon Name]**

Location: **[Insert Location]**

## Pre-Surgery Instructions

- Do not eat or drink anything after midnight before the surgery.
- Take all prescribed medications with a small sip of water unless advised otherwise.
- Arrive at the facility at least **[Insert Time]** before the scheduled surgery time.
- Wear loose-fitting clothing and leave all valuables at home.

## Post-Surgery Care

- You will receive instructions on pain management and care of the surgical site.
- Arrangements for transportation home must be made prior to the procedure.
- Follow up with your doctor as scheduled for post-operative assessment.

If you have any questions or concerns, please contact our office at **[Insert Contact Number]**.

Thank you for your attention to these details. We wish you a successful surgery.

Sincerely,

**[Insert Office Name]**