

# Dental Surgery Pre-Operative Guidance

Dear [Patient's Name],

We are writing to provide you with important information regarding your upcoming dental surgery scheduled for [Date]. This letter includes pre-operative instructions and an overview of the procedure.

## Procedure Overview

The surgery you will undergo is [Type of Surgery]. The purpose of this procedure is to [Brief Explanation of Purpose]. The expected duration of the surgery is approximately [Duration].

## Pre-Operative Instructions

1. Please refrain from eating or drinking anything after [Time].
2. Take any medications as advised by our team, particularly [Specific Medications].
3. Arrange for a responsible adult to accompany you home post-surgery.
4. Wear comfortable, loose-fitting clothing on the day of surgery.

## Important Information

If you experience any unusual symptoms or have questions before the surgery, please do not hesitate to contact our office at [Phone Number].

We appreciate your trust in us for your dental care and look forward to seeing you on [Date].

Sincerely,

[Your Dental Office Name]

[Dentist's Name]

[Contact Information]