

Neurological Exam Preparation Guidelines

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Dear [Insert Patient Name],

Your upcoming neurological exam is scheduled for [Insert Date & Time]. To ensure an accurate assessment, please follow the preparation guidelines below:

Preparation Guidelines

- Be prepared to discuss your medical history, including any neurological symptoms you may have experienced.
- If you are currently taking medication, bring a list of all medications, including dosages.
- Avoid alcohol and recreational drugs for at least 24 hours prior to the exam.
- Get a good night's sleep before the exam to ensure you are well-rested.
- Dress comfortably, as you may be asked to perform some physical activities.
- If you wear glasses or contact lenses, please bring them with you.
- Arrive at least 15 minutes early to allow time for check-in.

If you have any questions or concerns prior to your appointment, please feel free to contact our office at [Insert Contact Information].

We look forward to seeing you soon.

Sincerely,

[Insert Your Name]

[Insert Your Title/Position]

[Insert Medical Facility Name]

[Insert Contact Information]