

Outpatient Procedure Preparation Guidelines

Dear [Patient's Name],

We are writing to provide you with important information regarding your upcoming outpatient procedure scheduled for [Date] at [Time]. Please review the following guidelines carefully to ensure a smooth experience.

Before Your Procedure:

- **Medications:** Please inform us of any medications you are currently taking. Follow your healthcare provider's instructions on whether to continue or stop your medications before the procedure.
- **Fasting:** You may be required to fast for a certain period before your procedure. Please refrain from eating or drinking for at least [X hours] prior.
- **Transportation:** Arrange for a responsible adult to accompany you home after the procedure, as you may be advised not to drive.

Day of the Procedure:

- Wear comfortable, loose-fitting clothing.
- Do not wear jewelry, makeup, or nail polish.
- Arrive at the facility at least [X minutes] early to complete any necessary paperwork.

Contact Information:

If you have any questions or concerns, please feel free to contact our office at [Phone Number] or [Email Address].

Thank you for your attention to these guidelines. We look forward to seeing you on [Date].

Sincerely,

[Your Name]

[Your Title]

[Facility Name]