

Outpatient Procedure Preparation Recommendations

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Procedure: [Insert Procedure Name]

Dear [Patient Name],

We are writing to provide you with important preparation recommendations for your upcoming outpatient procedure scheduled on [Insert Date of Procedure]. Please review the following guidelines to ensure a smooth and successful experience:

1. Medications

- Continue taking your regular medications unless otherwise advised.
- Avoid taking blood thinners or non-steroidal anti-inflammatory drugs (NSAIDs) for at least [Insert Number] days prior to the procedure.

2. Fasting

Please refrain from eating or drinking anything after [Insert Time] the night before the procedure, except for necessary medications with water.

3. Transportation

You will not be able to drive yourself home after the procedure. Please arrange for a responsible adult to accompany you.

4. Arrival Time

You are expected to arrive at the facility at least [Insert Time] minutes prior to your scheduled procedure time.

5. Clothing

Wear comfortable, loose-fitting clothing. Avoid jewelry and makeup on the day of the procedure.

Contact Information

If you have any questions or concerns, please do not hesitate to contact our office at [Insert Phone Number] or [Insert Email Address].

We appreciate your cooperation and look forward to assisting you.

Sincerely,

[Your Name]

[Your Title]

[Your Facility Name]