

Outpatient Procedure Readiness Instructions

Date: **[Date]**

Patient Name: **[Patient's Name]**

Procedure: **[Procedure Name]**

Location: **[Facility Name and Address]**

Preparation Instructions

- Please arrive at the facility **[Time]** before your scheduled procedure.
- Avoid eating or drinking anything after **[Time]** the night before.
- If you are taking any medications, please consult with your doctor regarding which medications to take before the procedure.
- Wear comfortable clothing and leave valuables at home.
- Bring a form of identification and your insurance information.

Transportation

It is required to have a responsible adult accompany you for your procedure and drive you home afterwards.

Post-Procedure Care

You will receive specific post-procedure care instructions before you leave the facility. Please follow them carefully.

Contact Information

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

Thank you for your attention to these important instructions. We look forward to seeing you.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]