

Pre-Procedure Instructions

Date: [Insert Date]

Dear [Patient's Name],

We are writing to provide you with important pre-procedure instructions for your upcoming outpatient procedure scheduled on [Insert Date & Time]. Please review the following guidelines to ensure a smooth process:

Dietary Restrictions:

- Do not eat or drink anything after midnight prior to your procedure.
- If you take medications, please follow the specific instructions provided by your healthcare provider regarding their consumption.

Medications:

- Continue to take your normal medications unless instructed otherwise.
- If you are on blood thinners, please consult your physician for guidance prior to the procedure.

Transportation:

Please arrange for someone to drive you home after the procedure as you may not be able to drive yourself safely.

Clothing:

Wear comfortable, loose-fitting clothing and avoid accessories such as jewelry or makeup, as they may interfere with the procedure.

Arriving at the Facility:

Please arrive at least [Insert Time] minutes early to complete necessary paperwork.

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

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

Sincerely,

[Your Healthcare Provider's Name]

[Your Healthcare Facility's Name]