[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Welcome to [Orthopedic Surgery Center Name]

Dear [Patient Name],

We are pleased that you and your surgeon have chosen [Orthopedic Surgery Center Name] for your upcoming procedure. Our goal is to provide you with excellent care and a smooth recovery. Your surgery is currently scheduled for:

Date of Surgery: [Date]
Arrival Time: [Time]
Procedure: [Procedure Name]

Important Pre-Operative Instructions

- **Eating and Drinking:** Do not eat or drink anything after midnight the night before your surgery, including water, gum, or mints.
- **Medications:** Follow the specific instructions provided by your surgeon regarding which medications to take or stop before surgery.
- **Transportation:** You must arrange for a responsible adult to drive you home and stay with you for at least 24 hours following your procedure.
- **Clothing:** Wear loose, comfortable clothing and flat, sturdy shoes. Leave all jewelry and valuables at home.

What to Bring

- Photo ID and Insurance cards.
- A list of your current medications and dosages.
- Any braces, crutches, or walkers issued to you for post-operative use.
- A copy of your Advanced Directive or Living Will, if applicable.

A member of our nursing staff will call you [Number of days] days before your surgery to review your medical history and answer any final questions. If you develop a fever, cold, or any other illness before your surgery date, please notify your surgeon's office immediately.

We look forward to caring for you. If you have any questions regarding your arrival or the facility, please contact us at [Phone Number].

Sincerely,

The Staff at [Orthopedic Surgery Center Name]
[Phone Number]
[Website Address]