[Date]

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

Welcome to the [Clinic Name] Joint Replacement Program

Dear [Patient Name],

Congratulations on taking the first step toward improved mobility and a better quality of life. We are pleased that you have chosen [Clinic Name] for your upcoming joint replacement surgery.

Our team of surgeons, nurses, and therapists is dedicated to providing you with the highest level of care. To ensure the best possible outcome, we have scheduled your pre-operative appointments and surgery as follows:

- **Pre-Operative Education Class:** [Date] at [Time]
- **Pre-Surgical Testing:** [Date] at [Time]
- **Surgery Date:** [Date]
- **Arrival Time:** [Time]

Next Steps:

- Review the enclosed patient education handbook.
- Complete all required blood work and medical clearances.
- Arrange for a family member or friend to act as your "coach" during recovery.
- Follow the specific fasting and medication instructions provided by our nursing staff.

If you have any questions regarding your procedure or preparation, please contact our Pre-Operative Coordinator at [Phone Number] or via email at [Email Address].

We look forward to caring for you and helping you return to your active lifestyle.

Sincerely,

[Surgeon Name/Clinic Manager Name]
[Clinic Name]
[Phone Number]