Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Welcome to [Name of Spine Center]

Dear [Patient Last Name],

Thank you for choosing [Name of Spine Center] for your upcoming spinal procedure. We are committed to providing you with the highest quality of care and supporting you throughout your recovery journey.

Your surgery is currently scheduled for:

- **Surgery Date:** [Insert Date]
- **Arrival Time:** [Insert Time]
- **Location:** [Insert Hospital/Center Name and Address]

Pre-Operative Requirements

To ensure your safety and the success of your procedure, please complete the following steps:

- **Pre-Admission Testing:** Please complete your blood work and EKG by [Insert Date].
- **Medical Clearance:** Ensure your primary care physician has sent your clearance forms to our office.
- **Medication Instructions:** Stop taking blood thinners or anti-inflammatory medications (NSAIDs) [Number] days prior to surgery, as directed by your surgeon.
- **Fast:** Do not eat or drink anything after midnight the night before your surgery.

What to Bring

- A valid photo ID and insurance card.
- A list of your current medications and dosages.
- Loose, comfortable clothing for your discharge.
- A designated family member or friend to drive you home.

Our team will contact you a few days before your surgery to confirm your arrival time and answer any last-minute questions. If you need to reschedule or have urgent concerns, please call our office at [Insert Phone Number].

We look forward to caring for you.

Sincerely,

[Surgeon Name/Clinical Coordinator Name]
[Name of Spine Center]
[Phone Number]
[Email/Website]