[Date]

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

Dear [Patient Name],

Welcome to [Facility Name]. We are pleased you have chosen us for your upcoming orthopedic surgery scheduled on **[Surgery Date]** with **[Surgeon Name]**.

Our goal is to ensure your outpatient experience is safe, comfortable, and successful. Please review the following important information regarding your procedure:

1. Arrival and Location

Please arrive at the [Facility Name/Department] located at [Full Address] at **[Arrival Time]**. This allows our team time to complete your intake process and prepare you for surgery.

2. Fasting Instructions (NPO)

Do not eat or drink anything, including water, gum, or mints, after midnight the night before your surgery, unless otherwise instructed by your doctor. Failure to follow this may result in your surgery being rescheduled.

3. Medications

Follow the specific instructions provided during your pre-operative screening regarding which daily medications to take or stop. Please bring a current list of all medications and dosages with you.

4. Transportation and Support

Because you will receive anesthesia, you **must** have a responsible adult (18+) to drive you home and stay with you for the first 24 hours after surgery. You will not be allowed to drive yourself or take a taxi/rideshare alone.

5. What to Wear and Bring

- Wear loose, comfortable clothing that can easily fit over bandages or braces.
- Leave all jewelry and valuables at home.
- Bring your photo ID and insurance card.
- Bring any assistive devices (crutches, walker, or post-op brace) if previously issued.

If you have any questions or if you develop a fever, cold, or any illness before your surgery, please contact our office immediately at [Phone Number].

We look forward to caring for you.

Sincerely,

[Name/Department]
[Facility Name]
[Phone Number]