[Date]

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

Dear [Patient Name],

Welcome to [Practice/Hospital Name]. We are pleased you have chosen our Sports Medicine team for your upcoming [Procedure Name] scheduled on [Date of Surgery]. Our goal is to help you return to your active lifestyle as safely and quickly as possible.

Arrival and Location:
Please arrive at [Facility Name] at [Arrival Time]. The facility is located at [Facility Address]. Upon arrival, please check in at the [Department/Front Desk].

Pre-Operative Instructions:

- **Fasting:** Do not eat or drink anything (including water, gum, or mints) after midnight the night before your procedure.
- **Medications:** Please follow the specific instructions provided regarding your morning medications. Stop taking [Specific Medications/Blood Thinners] [Number] days prior to surgery.
- **Hygiene:** Shower using the provided surgical soap the night before and the morning of your procedure. Do not apply lotions, perfumes, or deodorants.
- **Attire:** Wear loose, comfortable clothing (such as gym shorts or an oversized shirt) that can easily accommodate bandages, braces, or casts.

What to Bring:

- A valid photo ID and insurance card.
- A list of your current medications and dosages.
- Any braces, crutches, or cold therapy units issued to you during your clinic visit.
- A responsible adult (18+) to drive you home and stay with you for the first 24 hours.

Post-Operative Expectations:
Following the procedure, you will spend time in the recovery room. Your surgeon will discuss the results with your designated contact person. You will receive detailed discharge instructions regarding pain management, wound care, and your physical therapy schedule before leaving the facility.

If you have any questions or need to reschedule, please contact our surgical coordinator at [Phone Number] or via the patient portal.

We look forward to assisting you in your recovery.

Sincerely,

[Surgeon Name/Practice Name]
[Title]
[Contact Information]