[Date]

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

Dear [Patient Name],

Welcome to [Surgery Center Name]. We are pleased you and your physician have chosen our facility for your upcoming procedure scheduled on **[Surgery Date]**.

Our goal is to provide high-quality care in a safe and comfortable environment. To ensure your surgery goes smoothly, please review the following instructions:

## 1. Pre-Registration

Please complete your medical history forms by [Date/Method]. This helps our nursing staff prepare for your arrival.

## 2. Arrival Time

A representative will call you [Number] days before your surgery to confirm your arrival time. If you have not heard from us by [Time] the day before, please call [Phone Number].

## 3. Fasting (NPO) Instructions

Do not eat or drink anything, including water, gum, or mints, after midnight the night before your surgery, unless otherwise instructed by our anesthesia team.

## 4. Medications

Consult your doctor regarding which medications to take on the morning of surgery. If instructed to take medication, do so with only a small sip of water.

## 5. Transportation and Caregiver

You **must** arrange for a responsible adult to drive you home and stay with you for 24 hours following your procedure. We cannot discharge you to a taxi or rideshare service alone.

## 6. Day of Surgery Essentials

- Bring your Photo ID and Insurance Card.
- Wear loose, comfortable clothing.
- Leave all jewelry and valuables at home.
- Remove contact lenses and wear glasses if necessary.

We look forward to caring for you. If you have any questions, please contact us at [Phone Number].

Sincerely,

The Staff and Management
[Surgery Center Name]