[Date]

To the Family of [Patient Name],

Welcome to [Clinic Name]. We are pleased to partner with you for your child's upcoming orthopedic procedure on [Surgery Date]. Our goal is to ensure your child receives the highest quality care in a safe and comfortable environment.

Pre-Operative Appointment

Your pre-operative visit is scheduled for [Date] at [Time]. During this visit, we will review your child's medical history, perform a physical exam, and answer any questions you may have regarding the surgery and recovery.

Important Instructions

- **Fastest Guidelines:** Your child must not eat or drink anything after [Time] on the night before surgery. This includes water, gum, and candy.
- **Medications:** Please stop giving your child [Specific Medications] starting [Number] days before surgery.
- **Illness:** If your child develops a fever, cough, or cold within 48 hours of the procedure, please call our office immediately.

What to Bring

- Comfortable, loose-fitting clothing.
- A favorite toy, blanket, or "comfort item" for your child.
- Legal guardian's photo ID and insurance card.

Location

Please arrive at [Hospital/Facility Name] at [Arrival Time]. Address: [Facility Address].

We understand that surgery can be a stressful time for families. If you have any questions or concerns, please contact our surgical coordinator at [Phone Number] or via email at [Email Address].

Sincerely,

[Doctor Name/Clinic Team]
[Clinic Name]
[Phone Number]