[Date]

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

Dear [Patient Name],

Welcome to [Clinic/Hospital Name]. We are writing to confirm your upcoming arthroscopic surgery scheduled for [Surgery Date] at [Arrival Time].

Your procedure will be performed by Dr. [Surgeon Name] at [Facility Location]. Arthroscopy is a minimally invasive procedure, but it still requires careful preparation to ensure a safe and successful outcome.

Pre-Operative Instructions:

- **Fasting:** Do not eat or drink anything (including water, gum, or mints) after midnight the night before your surgery.
- **Medications:** Please follow the specific instructions provided regarding your daily medications. Avoid aspirin or anti-inflammatory drugs for [Number] days prior to surgery.
- **Hygiene:** Shower using the provided antibacterial soap the night before and the morning of your procedure. Do not apply lotions, perfumes, or deodorants.
- **Clothing:** Wear loose, comfortable clothing that can easily fit over bandages or braces.
- **Transportation:** You must arrange for a responsible adult to drive you home and stay with you for the first 24 hours after surgery.

What to Bring:

- Photo ID and Insurance Card.
- A list of your current medications and dosages.
- Any braces, crutches, or slings provided during your pre-op visit.

If you develop a fever, cold, or any illness before your surgery date, please notify our office immediately at [Phone Number].

We look forward to providing you with excellent care. Please contact us if you have any questions regarding these instructions.

Sincerely,

[Your Name/Department]
[Clinic/Hospital Name]
[Phone Number]