[Date]

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

Welcome to Your Foot and Ankle Surgery Program

Dear [Patient Name],

We are pleased that you have chosen [Clinic/Hospital Name] for your upcoming foot and ankle procedure. Our team is committed to providing you with the highest quality of care to help you return to your daily activities.

Surgery Details:

- **Procedure:** [Name of Procedure]
- **Date of Surgery:** [Date]
- **Arrival Time:** [Time]
- **Location:** [Facility Name and Address]

Important Pre-Operative Instructions:

- **Fasting:** Do not eat or drink anything after midnight the night before your surgery.
- **Medications:** Follow the specific instructions provided by our office regarding which medications to take or stop before surgery.
- **Transportation:** You must arrange for a responsible adult to drive you home and stay with you for the first 24 hours after discharge.
- **Hygiene:** Please shower and wash the surgical area with the recommended soap the night before and the morning of surgery. Do not apply lotions or perfumes.

What to Bring:

- A list of your current medications and dosages.
- Your photo ID and insurance card.
- Loose-fitting clothing (e.g., wide-leg sweatpants) that can fit over a bulky bandage or cast.
- Any assistive devices (crutches, walker, or knee scooter) if previously discussed.

If you have any questions regarding your surgery or the preparation process, please contact our office at [Phone Number] or via [Email/Portal].

We look forward to assisting you in your recovery.

Sincerely,

[Surgeon Name]
[Clinic/Hospital Name]
[Contact Information]