

[Doctor/Practice Name]  
[Address]  
[Phone Number]  
[Date]

[Patient Name]  
[Patient Address]

**Subject: Surgical Approval and Pre-Operative Clearance Instructions**

Dear [Patient Name],

We are writing to confirm that your upcoming surgical procedure, [Name of Surgery], scheduled for [Date of Surgery], has been medically cleared by your care team.

To ensure your safety and the success of the procedure, please follow these pre-operative instructions strictly:

- **Lab Work/Testing:** Please complete any outstanding blood work, EKGs, or imaging by [Deadline Date].
- **Medication Adjustments:** Stop taking [Specific Medications, e.g., blood thinners or aspirin] starting on [Date]. Please continue taking [Specific Medications] as usual.
- **Fast Rules (NPO):** Do not eat or drink anything, including water, gum, or mints, after midnight the night before your surgery.
- **Hygiene:** Bathe using the provided [Specific Soap/Antiseptic] on the evening before and the morning of your surgery.
- **Transportation:** You must arrange for a responsible adult to drive you home and stay with you for 24 hours following the procedure.

**Arrival Information:**

Please arrive at [Hospital/Surgical Center Name] at [Time]. Report directly to the [Specific Department/Registration Desk].

If you develop a fever, cough, or any illness between now and your surgery date, or if you have any questions regarding these instructions, please contact our office immediately at [Phone Number].

Sincerely,

[Provider Name/Signature]  
[Title]  
[Practice Name]