

[Your Clinic/Hospital Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Instructions for IV Insertion

We are writing to provide you with important instructions regarding your upcoming IV insertion procedure. Please read the following carefully:

1. ****Preparation:****

- Arrive at your appointment on time.
- Wear a short-sleeve shirt or a loose-fitting top for easier access to your arm.

- Stay hydrated by drinking plenty of water prior to your visit.

2. ****Before the Procedure:****

- Inform the nurse or technician if you have a history of allergies, particularly to latex or adhesive.
- Let us know if you have any concerns or previous experiences with IV insertions.

3. ****During the Procedure:****

- You may feel a brief pinch when the needle is inserted.
- It is important to remain still and relaxed to assist with the placement of the IV.

4. ****After the Procedure:****

- Keep the IV site clean and dry.
- Avoid heavy lifting or strenuous activities with the arm where the IV is placed.
- Monitor the site for any signs of irritation or infection, such as redness or swelling.

5. ****Follow-Up:****

- If you experience discomfort, prolonged pain, or any other concerning symptoms, please contact our office immediately at [Phone Number].

We appreciate your cooperation and look forward to your visit. Please feel free to reach out if you have any questions or need further assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Clinic/Hospital Name]