

[Your Clinic's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are pleased to inform you that your rhinoplasty procedure is scheduled for [date of surgery]. Below are some important details and instructions to help you prepare for your surgery.

****Pre-Operative Instructions:****

1. ****Consultation:**** Be sure to attend your pre-operative consultation scheduled for [date].

2. ****Medications:**** Please avoid taking any blood-thinning medications (e.g., aspirin, ibuprofen) for at least [number] days before surgery.

3. ****Fasting:**** Do not eat or drink anything after [time] on the night before your surgery.

4. ****Transportation:**** Arrange for a responsible adult to accompany you and drive you home after the procedure.

****Post-Operative Care:****

- You will receive detailed aftercare instructions following your surgery.

- Follow-up appointments will be scheduled to monitor your healing process.

If you have any questions or concerns, please do not hesitate to contact our office at [phone number] or [email address].

We look forward to helping you achieve your desired results.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic's Name]

[Clinic Phone Number]

[Clinic Address]