|  |
| --- |
| UR and barcode |

****Date

[Title] [Name]

[Address line 1]

[Address line 2]

[Suburb] [Postcode]

Need an Interpreter?
 call: (03) xxxx xxxx

Dear [Title] [Name],

**Why are we contacting you?**

We are writing to confirm that **we have scheduled your planned surgery for <Scheduled date> <Time>** at <Name of hospital and address>. You will most likely stay in the hospital for <Number of days> days after your surgery.

**What you need to do**

**1. Immediately confirm that you are available to have the surgery on <date>.**

Please call <Name> <Position> on <Contact phone number> to confirm that you <will come to the pre-admission clinic and> are available for surgery on this day.

***2.* <Optional section for patients who need pre-admission appointments>** <You need to come to a pre-admission clinic to help prepare for your surgery. You may be seen by another doctor or another clincian who are part of the surgical team. **It is very important that you attend this appointment at <Time> on <Date>** at <Name of hospital and address>.

Please bring with you:

* this letter
* your Medicare card
* a complete list of the medicines that you are taking
* your Advance Care Directive (if you have one).

**3. Before your surgery**:

* Follow all the instructions your surgeon has given you about how to prepare for the procedure and try to be as mentally and physically prepared as you can.
* Try to have your commitments taken care of while you are in the hospital and after you come home so you can concentrate on your recovery.
* Organise transport to the hospital on the day of your surgery.
* Parking is available at <Parking details>. If you have been told that you will not be able to drive yourself home please arrange for someone to take you home.
* If you need to travel long distances to attend the pre-admission clinic or for the surgery you may be eligible for a subsidy. Information about the subsidy is available at: <www.vptas.vic.gov.au>.
* <Any other instructions to prepare before the day of surgery, such as time off work or relevant test results>.

**4**. **On the day of your surgery (<date>):**

* Make sure you bring the following with you <Specific requirements>.
* <Any other requirements, such as fasting or medications>.

Thank you for reading these instructions. Following these instructions helps us deliver surgeries to Victorians faster.

Yours sincerely,

[Name]
[Position]

[Health Service]