Vancouver CoastalHealth
Promoting wellness. Ensuring care.

OASIS
OsteoArthritis Service Integration System
Working Together for Healthy Joints

DRAFT

<OASIS Clinic Name>
<Street Address, Suite>
<City, Province>
<Postal Code>
<Telephone>
<Fax>

<Date>

RE: OASIS Pre-Operative Education Appointment Date for <Patient First Name> <Patient Last Name>

Dear Dr. <Physician Name>,

A pre-operative education appointment has been made for <Patient First Name> <Patient Last Name> with the OASIS Clinic. The details of the appointment are as follows:

Type of Appointment:	**<Appointment Type>**
Date:	**<Appointment Date>**
Time:	**<Appointment Time>**
OASIS Clinic:	**<Appointment Location>**

A pre-operative education appointment is a group education session that your patient has been scheduled to attend in order to prepare for their upcoming arthroplasty surgery. A multi-disciplinary team will instruct your patient on various components relating to their surgery, including: what to expect during their hospital stay; how to prepare their home for after surgery; what equipment they will require, where to obtain it and how to use it; pain management strategies; how to protect the post-operative joint; and pre and post operative exercises, to name a few.

The patient may be directed to make an urgent appointment with you in the infrequent event that new concerns are identified during the pre-operative education appointment.

If you have any questions, please do not hesitate to contact the <OASIS Clinic name> at <telephone>.

Regards,

<Clinic Assistant Name>
Clinic Assistant