Date: [Date]
To: [Requesting Surgeon Name]
From: [Cardiologist Name]
Re: Preoperative Cardiology Evaluation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Proposed Procedure: [Procedure Name]
Surgery Date: [Date of Surgery]

Clinical History:
The patient was evaluated today for cardiac risk stratification prior to their upcoming surgery. Cardiac history includes [History/Diagnoses, e.g., Hypertension, CAD, Arrhythmia]. The patient currently reports [Symptoms, e.g., no chest pain, no shortness of breath, stable exercise tolerance].

Physical Examination:
Blood Pressure: [BP] | Heart Rate: [HR] | Rhythm: [Regular/Irregular]
Cardiac: [Findings]
Lungs: [Findings]
Edema: [Yes/No]

Diagnostic Data:
EKG Results: [Findings]
Echocardiogram (Date: [Date]): [LVEF %, Valve status]
Stress Test (Date: [Date]): [Findings]

Assessment and Recommendations:
Based on the current clinical status and the Revised Cardiac Risk Index (RCRI), the patient is considered **[Low / Intermediate / High]** risk for major adverse cardiac events.

Perioperative Plan:

- **Medications:** Continue [Medications]. Hold [Medications, e.g., ACE inhibitors/Anticoagulants] for [Number] days prior to surgery.
- **Beta Blockers:** [Continue/Not indicated].
- **Anticoagulation Bridge:** [Required/Not required].
- **Intraoperative Monitoring:** [Standard / Arterial line / EKG monitoring].
- **Postoperative Care:** [Specific instructions, e.g., resume meds when taking PO].

The patient is cleared for the proposed procedure from a cardiovascular standpoint, provided the above recommendations are followed.

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]
[Clinic Name]