Date: [Date]

To: [Requesting Surgeon Name]
Department: [Surgical Department]
Fax/Contact: [Fax Number or Email]

RE: Pulmonology Preoperative Medical Clearance
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Proposed Procedure: [Procedure Name]
Surgery Date: [Surgery Date]

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for preoperative pulmonary optimization regarding the upcoming [Procedure Name].

Pulmonary History:
The patient has a history of [e.g., COPD, Asthma, OSA, Interstitial Lung Disease]. Current symptoms include [e.g., cough, dyspnea on exertion, wheezing]. The patient is [Current Smoker / Former Smoker / Never Smoker] with a pack-year history of [Number].

Physical Examination:
Vital Signs: [BP, HR, RR, SpO2 on Room Air]
Lung Auscultation: [e.g., Clear to auscultation / Decreased breath sounds / Presence of wheezing]

Diagnostic Data:
PFT Results (Date: [Date]): FEV1: [Value] ([%]), FVC: [Value] ([%]), Ratio: [Value]
Chest X-Ray/CT (Date: [Date]): [Brief Findings]

Assessment and Recommendations:
From a pulmonary standpoint, the patient is:
[ ] Cleared for surgery.
[ ] Cleared for surgery with the following optimizations:

- **Inhaler Management:** Continue [Inhaler Name] through the morning of surgery.
- **Smoking Cessation:** Advised to abstain from smoking for [Number] weeks prior to procedure.
- **CPAP/BiPAP:** Patient should bring home CPAP machine for post-operative recovery if staying overnight.
- **Steroid Protocol:** [Specific instructions if applicable].
- **Post-Op Care:** Recommend incentive spirometry, early mobilization, and [additional instructions].

Risk Stratification:
The patient is at [Low / Moderate / High] risk for postoperative pulmonary complications (PPC).

Thank you for the opportunity to participate in this patient's care. Please contact my office if you have any questions.

Sincerely,

[Your Name, MD/DO]
[Pulmonology Practice Name]
[Phone Number]