Date: [Date]

To: [Surgeon Name]
Fax: [Fax Number]
Re: Medical Clearance for [Patient Full Name]
DOB: [Patient Date of Birth]

Dear Dr. [Surgeon Last Name],

Patient [Patient Name] is under my care for the management of Type [1 or 2] Diabetes Mellitus. The patient is scheduled for [Name of Procedure] on [Date of Surgery].

Clinical Summary:

- **Current HbA1c:** [Value]% (Dated: [Date])
- **Recent Blood Glucose Range:** [Range] mg/dL
- **Current Medications:** [List medications/insulin dosages]
- **Comorbidities:** [List relevant conditions e.g., hypertension, CKD]

Preoperative Recommendations:

- **Morning of Surgery:** [Hold/Adjust dose] of oral hypoglycemics.
- **Insulin Adjustment:** [Specific instructions for long-acting or pump settings].
- **Glucose Monitoring:** Check blood glucose every [Number] hours while NPO.

Medical Clearance:

From an endocrinology/primary care standpoint, the patient is medically cleared for the planned procedure provided that glucose levels are monitored closely perioperatively. [Add any specific cardiac or renal precautions if applicable].

Please contact my office at [Phone Number] if you have any questions or require further documentation.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Practice Name]