Date: [Date]

To: [Surgeon Name]
From: [Pediatrician Name]
Re: Preoperative Medical Clearance

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

Dear Dr. [Surgeon Last Name],

I have performed a preoperative evaluation on the above-named patient. Based on my physical examination and review of their medical history, my findings are as follows:

Medical History and Diagnoses:
[List chronic conditions, e.g., Asthma, ADHD, Congenital Heart Disease]

Current Medications:
[List medications and dosages]

Allergies:
[List allergies or "No Known Drug Allergies"]

Physical Examination Findings:
Weight: [Weight] | Height: [Height] | Vital Signs: [Vitals]
Cardiovascular: [Normal/Findings]
Respiratory: [Normal/Findings]
Other: [Relevant findings]

Testing Results:
[List relevant Labs, EKG, or Imaging results, or "None Required"]

Recommendations and Plan:
[List specific instructions, e.g., "Continue inhaler use," "Hold NSAIDs 5 days prior"]

Clearance Status:
The patient is medically cleared for the proposed procedure under [General/Local] anesthesia from a pediatric standpoint.

Sincerely,

[Signature]
[Pediatrician Name, MD/DO]

[Office Name]
[Phone Number]