URGENT: PREOPERATIVE MEDICAL CLEARANCE CONSULTATION

Date: [Insert Date]

To: [Consultant Physician Name/Specialty]
Fax/Phone: [Consultant Contact Info]

From: [Requesting Surgeon/Physician Name]
Contact Info: [Phone/Pager Number]

RE: Patient Medical Clearance

Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Proposed Procedure: [Name of Surgery/Procedure]
Scheduled Date of Surgery: [Date]
Urgency: Urgent / Time-Sensitive

Reason for Consultation:
The above-referenced patient is scheduled for surgery. I am requesting your clinical evaluation and medical clearance regarding the patient's stability for general anesthesia and the proposed procedure. Please specifically address the following:

- Current optimization of [Specific Chronic Condition, e.g., Cardiac/Pulmonary status].
- Risk stratification for perioperative complications.
- Recommendations for intraoperative and postoperative management.
- Medication adjustments (e.g., anticoagulants, beta-blockers, diabetic medications).

Clinical Brief:
[Insert brief summary of relevant history or specific concerns].

Requested Documentation:
Please provide a written consultation report including the statement: **"Cleared for surgery from a [Specialty] standpoint"** or specific contraindications/modifications required.

Please return the completed clearance via fax to [Fax Number] or call [Phone Number] with your verbal report as soon as possible.

Thank you for your prompt assistance with this patient's care.

Sincerely,

[Your Signature]
[Your Printed Name and Title]