Date: [Date]

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

RE: Preoperative Endocrinology Consultation
Patient Name: [Patient Name]
Date of Birth: [DOB]
Proposed Procedure: [Procedure Name]
Date of Surgery: [Surgery Date]

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for preoperative endocrine optimization regarding their upcoming [Procedure Name]. My findings and recommendations are as follows:

Endocrine Diagnoses

- [e.g., Type 2 Diabetes Mellitus]
- [e.g., Primary Hypothyroidism]
- [e.g., Adrenal Insufficiency]

Current Relevant Medications

- [Medication Name, Dosage, Frequency]
- [Medication Name, Dosage, Frequency]

Clinical Assessment

Diabetes Management: Most recent HbA1c was [Value]% on [Date]. Glycemic control is [stable/unstable].
Thyroid Function: Patient is currently [euthyroid/hypothyroid/hyperthyroid]. Most recent TSH was [Value] on [Date].
Adrenal Status: [Note if stress-dose steroids are required].

Perioperative Recommendations

1. Medication Adjustments:

- **Day Before Surgery:** [e.g., Take normal dose of long-acting insulin; Hold SGLT2 inhibitors 3 days prior].
- **Day of Surgery:** [e.g., Hold oral hypoglycemics; Take half dose of basal insulin; Take thyroid medication with a sip of water].

2. Glucose Target: Maintain intraoperative and postoperative blood glucose between [Range, e.g., 100-180 mg/dL].

3. Stress Dose Steroids: [Required / Not Required]. If required: [Specific Protocol, e.g., Hydrocortisone 100mg IV at induction].

Impression

From an endocrinology standpoint, the patient is **[cleared / cleared with high risk / not cleared]** for the scheduled procedure, provided the above recommendations are followed.

Please contact my office at [Phone Number] if you have any questions.

Sincerely,

[Doctor Signature]
[Doctor Name, Credentials]
[Clinic Name]