

Date: [Date]

To: [Recipient Name/Surgeon Name]

Department: [Department Name]

Facility: [Hospital/Clinic Name]

RE: Pre-Operative Medical Clearance

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Proposed Procedure: [Name of Surgery, e.g., Total Knee Arthroplasty]

Date of Surgery: [Surgery Date]

Dear [Dr. Name],

I have performed a pre-operative medical evaluation on the above-named patient to assess their stability for the scheduled orthopedic procedure. Based on my clinical examination and review of the patient's history, my findings are as follows:

Medical History:

[List chronic conditions such as Hypertension, Diabetes, etc.]

Current Medications:

[List medications and dosages]

Cardiac/Pulmonary Status:

[Note any findings or "Stable"]

Diagnostic Results:

EKG: [Result]

Lab Work: [Result]

CXR (if applicable): [Result]

Recommendations:

1. [e.g., Hold blood thinners 5 days prior]
2. [e.g., Take morning BP meds with a sip of water]
3. [e.g., Sliding scale insulin management]

Assessment:

The patient is [cleared / cleared with following optimizations] for the proposed surgery under [general/spinal] anesthesia from a medical standpoint.

Sincerely,

[Signature]

[Your Name, Title]

[Your Contact Information]