

Date: [Date]

To: [Requesting Surgeon Name]  
Department: [Surgery/Anesthesiology]  
Facility: [Facility Name]

RE: Surgical Clearance Evaluation

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

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for urological clearance regarding the upcoming prostate evaluation and management. My findings are as follows:

**Clinical Assessment:**

The patient was evaluated via [Physical Exam/Digital Rectal Exam/Review of Systems]. Current urological symptoms include [Symptoms, e.g., urinary retention, hematuria, or asymptomatic].

**Diagnostic Data:**

- PSA Level: [Value] ng/mL (Date: [Date])
- Prostate Volume: [Size] cc
- Relevant Imaging: [e.g., TRUS or MRI results]
- Urinalysis: [Results]

**Recommendations and Plan:**

From a urological standpoint, the patient is cleared for the proposed surgical intervention with the following considerations:

- Anticoagulation: [Stop/Continue] medications such as [Medication Name] approximately [Number] days prior to surgery.
- Antibiotic Prophylaxis: [Recommended/Not required] per protocol.
- Post-Operative Care: Monitor for [Urinary retention/Hematuria].

**Conclusion:**

The patient is hemodynamically stable from a urological perspective. There are no absolute urological contraindications to proceeding with the scheduled surgery.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Doctor Name, MD/DO]  
Department of Urology  
[Facility Name]