

Date: [Date]

To: [Surgeon Name]

Department: [Surgical Department]

Facility: [Hospital/Clinic Name]

RE: Pre-Surgical Hematology Clearance

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Proposed Procedure: [Name of Surgery]

Scheduled Date: [Surgery Date]

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] regarding their history of [Specific Bleeding Disorder, e.g., Von Willebrand Disease, Hemophilia, Platelet Dysfunction] in anticipation of their upcoming surgical procedure.

Hematologic Assessment:

The patient's current hematologic status is [Stable/Compensated]. Recent laboratory results dated [Date] show:

- PT/INR: [Value]
- aPTT: [Value]
- Platelet Count: [Value]
- Specific Factor Levels: [Value if applicable]

Perioperative Recommendations:

Based on the patient's profile, the following management plan is recommended to minimize bleeding risk:

- **Pre-Operative:** [e.g., Administer DDAVP or Factor Replacement 1 hour prior to incision]
- **Intra-Operative:** [e.g., Maintain meticulous surgical hemostasis; avoid NSAIDs]
- **Post-Operative:** [e.g., Repeat Factor dosing every X hours for X days; monitor site for hematoma]

Clearance Status:

The patient is **cleared for surgery** from a hematologic standpoint, provided that the above-mentioned prophylactic measures are strictly followed.

Please contact my office at [Phone Number] if there are any intraoperative complications or if further clarification is required.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Board Certified Hematologist]

[Practice Name]