

Date: [Date]

RE: Diabetic Foot Clearance

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN/ID]

To [Specialist Name/Clinic Name],

The above-named patient was evaluated in my office on [Date of Exam] for a diabetic foot examination and surgical/procedure clearance.

Clinical Findings:

- **HbA1c:** [Value]% as of [Date]
- **Pedal Pulses:** [Normal/Diminished/Absent]
- **Sensation (Monofilament):** [Intact/Impaired/Absent]
- **Skin Integrity:** [Intact/Ulcerations present/Signs of infection]

Medical Clearance Status:

Based on my clinical evaluation, the patient is:

Cleared for the proposed foot care procedure/surgery.

Cleared with the following precautions: [Notes]

Not cleared at this time due to: [Reason]

Current medications and comorbidities have been reviewed. If you have any further questions, please contact my office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic Name]

[Address]