

Date: [Date]

To: [Surgeon Name]

Facility: [Hospital/Surgical Center Name]

Fax/Email: [Contact Information]

RE: Pre-Operative Cardiac Clearance

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Proposed Procedure: [Name of Surgery]

Surgery Date: [Date of Surgery]

To whom it may concern,

I have evaluated [Patient Name] on [Date of Evaluation] for cardiovascular risk stratification prior to their upcoming non-cardiac surgery. My assessment is based on the patient's clinical history, physical examination, and the following diagnostic tests:

- **EKG:** [Results/Date]
- **Echocardiogram:** [Results/Date]
- **Stress Test:** [Results/Date/Not Applicable]
- **Labs:** [Relevant Findings]

Cardiac History: [List relevant conditions: e.g., CAD, Hypertension, AFib, Valvular Disease]

Recommendations and Medications:

- **Antiplatelets/Anticoagulants:** [Instructions: Continue/Hold # days prior]
- **Beta-Blockers:** [Instructions: Continue/Hold]
- **Other Medications:** [Specific Instructions]

Clinical Conclusion:

From a cardiovascular standpoint, the patient is considered [**Low / Intermediate / High**] risk for the planned procedure. The patient is **cleared for surgery** provided that the above recommendations are followed and perioperative monitoring is maintained as per standard protocols.

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

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Cardiology Practice Name]