

Date: [Date]

To: [Surgeon Name]
Department of [Surgical Specialty]
[Hospital/Clinic Name]

RE: Pulmonary Pre-Operative Medical Clearance

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

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for pulmonary risk assessment prior to their scheduled surgery. My evaluation included a physical examination, a review of medical history, and the following diagnostic tests: [List tests, e.g., Spirometry, PFTs, Chest X-ray, or Arterial Blood Gas].

Pulmonary Diagnoses:

- [Diagnosis 1, e.g., COPD]
- [Diagnosis 2, e.g., Obstructive Sleep Apnea]
- [Diagnosis 3, e.g., Asthma]

Current Clinical Status:

The patient is currently [stable/optimized] on their current respiratory regimen. There have been no recent exacerbations or acute respiratory infections within the last [Number] weeks. Current oxygen saturation is [Value]% on room air.

Recommendations:

- Continue current inhalers/medications up to the morning of surgery.
- [If applicable] Utilize CPAP/BIPAP post-operatively as per home settings.
- Incentive spirometry and early mobilization post-surgery.
- [Additional specific instructions].

Clearance Statement:

From a pulmonary standpoint, the patient is cleared for the proposed procedure under [General/Regional] anesthesia, provided the above recommendations are followed. The patient is at [Low/Moderate/High] risk for post-operative pulmonary complications.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Pulmonary Department/Practice Name]