

[Date]

To: [Cardiologist Name]
[Clinic/Hospital Name]
[Address]
[Phone/Fax Number]

RE: Pre-operative Cardiac Evaluation and Clearance

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Scheduled Procedure: [Type of Surgery/Procedure]
Date of Procedure: [Date]

Dear Dr. [Cardiologist Last Name],

The above-named patient is scheduled to undergo [Procedure Name] under [Type of Anesthesia, e.g., General/Sedation]. Due to the patient's cardiac history of [List Conditions, e.g., CAD, Hypertension, Arrhythmia], I am requesting a formal cardiac evaluation and medical clearance for this procedure.

Please provide a written assessment including:

- Current cardiac status and stability.
- Results of recent diagnostic tests (EKG, Stress Test, Echo), if applicable.
- Recommendations regarding perioperative medication management (specifically anticoagulants or beta-blockers).
- Overall risk stratification for the scheduled surgery.

Please fax the clearance form and most recent clinical notes to my office at [Your Fax Number] by [Deadline Date].

Thank you for your assistance in this patient's care.

Sincerely,

[Your Name/Signature]
[Your Title/Practice Name]
[Your Phone Number]