

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Specialist Name]
[Clinic/Department Name]
[Address]

RE: Medical Clearance Follow-Up for [Patient Full Name]
Date of Birth: [DOB]
Scheduled Procedure: [Name of Procedure]
Procedure Date: [Date]

Dear Dr. [Specialist Last Name],

I am writing to follow up on the medical clearance request sent to your office on [Date] regarding my upcoming [Procedure Name]. My primary physician or surgeon, Dr. [Surgeon Name], requires your formal evaluation and clearance to proceed with this treatment.

To date, I have not received confirmation that the clearance paperwork has been completed or sent to the surgical facility. As my procedure is scheduled for [Date], it is urgent that these documents are processed to avoid a postponement.

Please let me know if you require any additional testing, a follow-up appointment, or further information from my side to finalize this clearance. Once completed, please fax the documents to [Surgeon's Office Fax Number] or provide me with a copy directly.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]