Date: [Insert Date]

Patient Name: [Insert Patient Full Name]
Date of Birth: [Insert Date of Birth]
Destination/Altitude: [Insert Location and Estimated Altitude]

To Whom It May Concern,

This letter serves to provide medical clearance for the above-named patient to travel to a high-altitude environment. [Patient Name] is currently under my care for the management of [Insert Specific Cardiac Condition, e.g., Coronary Artery Disease].

The patient's condition is currently stable, and their most recent evaluation on [Insert Date of Last Exam] indicates that they are capable of tolerating the physiological stressors associated with elevations up to [Insert Altitude Limit] feet/meters.

Clinical Status Summary:

- Recent Exercise Stress Test: [Insert Result/Date or N/A]
- Left Ventricular Ejection Fraction (LVEF): [Insert Percentage]%
- Current Medications: [List Medications or Refer to Attached List]

Physician Recommendations:

- The patient has been advised to follow a gradual acclimatization schedule.
- The patient is instructed to maintain adequate hydration and avoid strenuous overexertion during the first 48 hours.
- The patient has been prescribed [Insert Medication, e.g., Acetazolamide] for altitude prophylaxis, if applicable.
- The patient should seek immediate medical attention if they experience chest pain, severe shortness of breath, or palpitations.

Based on their current cardiovascular status, I find no contraindication for this travel provided the patient adheres to the recommended guidelines.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Specialty/Cardiology Department]
[Clinic/Hospital Name]
[Phone Number]