

Date: [Date]

To: [Surgeon's Name]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

RE: Medical Clearance for Rhinoplasty

Patient Name: [Patient's Full Name]

Date of Birth: [DOB]

Dear Dr. [Surgeon's Last Name],

I have performed a preoperative medical evaluation on [Patient's Name] regarding their upcoming rhinoplasty procedure scheduled for [Surgery Date].

Based on my clinical examination, medical history, and review of recent laboratory results, I have found the following:

- **Physical Examination:** [Stable / Within normal limits]
- **Current Medical Conditions:** [List conditions or state "None"]
- **Medications:** [List current medications or state "None"]
- **Allergies:** [List allergies or state "NKDA"]

The patient's vital signs are stable, and there are no contraindications to undergoing general anesthesia or elective nasal surgery at this time.

Clearance Status: The patient is medically cleared for the proposed surgery without restrictions.

Recommendations: [e.g., Continue specific medications, stop aspirin 7 days prior, etc.]

If you require any additional information or have further questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]

[License Number]