

Date: [Date]

To: [Surgeon Name]
[Surgical Practice Name]
[Address]

RE: Medical Clearance for Rhytidectomy (Facelift)

Patient Name: [Patient Name]

Date of Birth: [DOB]

Dear Dr. [Surgeon Last Name],

I am writing to provide medical clearance for my patient, [Patient Name], who is scheduled to undergo a facelift procedure on [Surgery Date].

The patient has been evaluated and their medical history has been reviewed. My findings are as follows:

- **Physical Examination:** [Stable / Within normal limits]
- **Medical History:** [List relevant conditions or "No significant history"]
- **Current Medications:** [List medications]
- **Allergies:** [List allergies]
- **Lab Results/EKG:** [Attached/Normal]

Recommendations:

- [e.g., Patient should stop aspirin 7 days prior to surgery]
- [e.g., Continue blood pressure medication on morning of surgery with a sip of water]

Based on my evaluation, the patient is medically stable and cleared for the elective procedure under [General Anesthesia / IV Sedation].

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]

[Contact Information]