

Date: [Date]

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

RE: Medical Clearance for Abdominoplasty

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Dear Dr. [Surgeon's Last Name],

I have performed a comprehensive physical examination and preoperative evaluation on [Patient Name] to determine their suitability for an abdominoplasty procedure under general anesthesia.

Medical History & Findings:

Current Medications: [List medications or "None"]

Allergies: [List allergies or "NKDA"]

Vital Signs: BP: [BP], HR: [Heart Rate], BMI: [BMI]

Significant Findings: [Note any findings or "None"]

Laboratory & Diagnostic Results:

I have reviewed the following (attached):

- CBC and BMP/CMP
- PT/PTT/INR
- EKG (for patients over 40 or with cardiac history)
- [Additional tests if applicable]

Clinical Assessment:

The patient is currently in stable health. Their chronic conditions, [List conditions or "N/A"], are well-controlled. From a primary care perspective, the patient is classified as ASA Physical Status Class [I/II].

Recommendation:

[Patient Name] is **medically cleared** for the proposed abdominoplasty. There are no contraindications to proceeding with surgery and general anesthesia at this time.

Please contact my office if you require any further information.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Medical License Number]
[Phone Number]