

**[Physician Name/Clinic Name]**

[Physician Address]

[City, State, Zip Code]

[Phone Number]

**Date:** [Date]

**To:** [Surgeon Name]

**Department:** [Surgical Department, e.g., Cardiothoracic Surgery]

**Facility:** [Hospital/Surgical Center Name]

**RE: Medical Clearance for Cardiac Surgery**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient DOB]

**Proposed Procedure:** [Name of Surgery]

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for medical optimization and preoperative risk assessment regarding the scheduled cardiac procedure. My assessment is based on a physical examination, review of medical history, and recent diagnostic tests.

**Medical History:**

The patient has a history of [List relevant conditions, e.g., Hypertension, Type 2 Diabetes, COPD]. Current medications include [List key medications, especially anticoagulants or antiplatelets].

**Preoperative Findings:**

- **Blood Pressure:** [Value]

- **ECG:** [Normal/Abnormal Findings]

- **Laboratory Results:** [Note any significant values, e.g., Creatinine, HbA1c]

- **Functional Capacity:** [e.g., Patient can perform >4 METs without symptoms]

**Recommendations:**

1. [e.g., Hold Warfarin 5 days prior to surgery; bridge with Lovenox if necessary].

2. [e.g., Continue Beta-blockers on the morning of surgery].

3. [e.g., Monitor glucose levels closely perioperatively].

**Conclusion:**

Based on the current evaluation, the patient is medically cleared for the proposed cardiac surgery from a [Primary Care / Cardiology / Pulmonology] standpoint, provided the above recommendations are followed. The patient is categorized as [Low / Intermediate / High] surgical risk.

If you have any questions or require further documentation, please contact my office.

Sincerely,

[Physician Signature]

[Physician Printed Name]  
[Medical License Number]