

**Date:** [Date]

**To:** [Surgeon Name]

**Department:** [Surgical Department/Hospital]

**Subject:** Urgent Medical Clearance for Cardiac Surgery

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

**Date of Birth:** [DOB]

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

To whom it may concern,

I have evaluated [Patient Name] regarding their fitness for the upcoming urgent cardiac procedure. Based on my clinical examination and review of recent diagnostic tests, the patient is medically cleared for surgery.

**Clinical Findings:**

- **Cardiac Status:** [e.g., Stable/Compensated]
- **Recent Testing:** [e.g., EKG, Echo, or Stress Test results]
- **Risk Assessment:** [e.g., Revised Cardiac Risk Index score]

**Pre-operative Instructions:**

- **Medication Management:** [e.g., Hold anticoagulants 5 days prior]
- **Comorbidities:** [e.g., Diabetes or Hypertension management]

The patient is cleared to proceed with the surgery as scheduled. If you have any questions or require further documentation, please contact my office immediately at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Practice Name/Clinic]