

**Date:** [Date]

**To:** [Surgeon Name]

**Department:** [Surgical Department]

**Facility:** [Hospital/Clinic Name]

**RE: Cardiac Clearance for Surgery**

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

**Date of Birth:** [DOB]

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

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] regarding their cardiovascular risk for the upcoming [Procedure Name]. Due to the patient's history of [List Major Conditions, e.g., Severe CAD, Heart Failure, Valvular Disease], they are categorized as **High Risk** according to [ACC/AHA] guidelines.

**Cardiovascular Status:**

- Recent EKG Findings: [Summary]
- Echocardiogram Results (Date): [EF% and Valve Status]
- Stress Test/Catheterization Results: [Findings]

**Medication Management:**

- Antiplatelets/Anticoagulants: [Instructions to continue or hold, including timing]
- Beta-Blockers/Statins: [Instructions to continue]

**Recommendations:**

1. Proceed with surgery only if the benefits outweigh the high risk of major adverse cardiac events (MACE).
2. Intensive intraoperative hemodynamic monitoring (e.g., A-line) is recommended.
3. Postoperative management in an ICU/CCU setting for monitoring of [Specific Risk].

**Clearance Status:**

- Cleared for surgery from a cardiac standpoint.
- Cleared with the specific precautions mentioned above.
- Not cleared pending further evaluation: [Reason]

Sincerely,

[Your Signature]

[Your Printed Name, MD/DO]

[Cardiology Department]

[Contact Phone Number]