

**Date:** [Insert Date]

**To:** [Surgeon Name]

**Department:** [Surgical Department]

**Facility:** [Hospital Name]

**RE: Surgical Clearance for Diabetic Patient**

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

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

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

To Whom It May Concern,

I have evaluated [Patient Name] regarding their medical stability for the upcoming cardiac procedure. The patient has a history of Diabetes Mellitus (Type [1 or 2]).

**Current Clinical Status:**

- **Most Recent HbA1c:** [Insert Value]% (Date: [Insert Date])
- **Current Medications:** [List Insulin/Oral Agents]
- **Renal Function:** [Insert Creatinine/GFR]
- **Cardiac Status:** [Insert brief note on stability/risk]

**Perioperative Recommendations:**

- Hold Metformin 24-48 hours prior to surgery.
- Adjust basal insulin dose to [Insert percentage]% on the morning of surgery.
- Hold short-acting insulin and oral hypoglycemics while NPO.
- Maintain blood glucose between [Insert Range] mg/dL perioperatively.

**Clearance Determination:**

The patient is **cleared** for the proposed cardiac surgery from an endocrinology/primary care standpoint, provided that the above perioperative glucose management protocols are followed. The patient is at [Low/Moderate/High] risk for metabolic complications.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]

[Practice Name]