

Date: [Date]

To: [Surgeon Name]

Department: Cardiac Surgery

Facility: [Hospital Name]

RE: Medical Clearance for Cardiac Surgery

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for medical clearance regarding their upcoming [Type of Procedure, e.g., CABG/Valve Replacement] scheduled on [Surgery Date].

Medical History:

The patient has a history of: [List major conditions, e.g., Hypertension, Diabetes, COPD].

Current Medications:

[List medications or attach list]

Recent Clinical Findings:

- Physical Exam: [e.g., Stable/Normal]
- Recent Lab Work: [e.g., Within normal limits/Specific findings]
- EKG Results: [Findings]

Recommendations:

- Anticoagulation Management: [Instructions for stopping thinners]
- Diabetic Management: [Instructions for insulin/oral meds]
- Pulmonary Status: [e.g., Optimized for surgery]

Clearance Status:

Based on my evaluation, the patient is **medically cleared** for the proposed cardiac surgery from a primary care standpoint. There are no contraindications to proceeding with general anesthesia and the planned procedure at this time.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name, MD/DO/NP/PA]

[Practice Name]