

**Date:** [Date]

**To:** [Surgeon Name]

**Department:** [Surgical Department, e.g., Orthopedics]

**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] for preoperative cardiac risk assessment regarding the aforementioned procedure. My evaluation included a review of medical history, physical examination, and the following diagnostic tests: [List tests, e.g., EKG, Stress Test, Echocardiogram].

**Cardiac History:** [Brief summary of conditions, e.g., Hypertension, CAD, Arrhythmia]

**Clinical Findings:**

- Functional Capacity: [e.g., Greater than 4 METs]
- Current Medications: [List cardiac medications]

**Recommendations:**

- [Instruction regarding Aspirin/Antiplatelets]
- [Instruction regarding Beta-blockers/Statins]
- [Instruction regarding Anticoagulation/Bridging]

**Assessment:**

From a cardiovascular standpoint, the patient is **cleared** for the proposed surgery. The patient is considered [Low / Moderate] risk for perioperative cardiac events. I recommend standard intraoperative monitoring and maintaining normotension.

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

Sincerely,

[Signature]

**[Physician Name, MD/DO]**

Cardiology Specialist

[Practice Name]