

Date: [Date]

To: [Surgeon Name]

Department: [Department Name/Surgical Specialty]

Facility: [Hospital/Clinic Name]

RE: Conditional Medical 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 stability for the upcoming procedure. The patient is cleared for surgery **provided that** the following conditions and perioperative management strategies are met:

1. Required Preoperative Optimization:

[List specific requirements, e.g., Blood pressure must be below 140/90, Potassium levels must be corrected, etc.]

2. Medication Management:

- [Medication Name]: [Hold/Continue/Adjust dose] starting [Number] days before surgery.
- [Medication Name]: [Hold/Continue/Adjust dose] starting [Number] days before surgery.

3. Anticoagulation/Antiplatelet Plan:

[Specific instructions regarding Aspirin, Plavix, Warfarin, or DOACs, including bridge therapy if necessary.]

4. Intraoperative Recommendations:

[e.g., Maintain mean arterial pressure (MAP) > 65, invasive hemodynamic monitoring recommended, avoid tachycardia.]

5. Postoperative Monitoring:

[e.g., Post-op EKG required in PACU, resume home cardiac medications within 24 hours if hemodynamically stable.]

Current Cardiac Diagnoses:

- [Diagnosis 1]
- [Diagnosis 2]

Final clearance is contingent upon the stabilization of the factors listed above. If the patient's clinical status changes significantly prior to the procedure, please contact my office for a re-evaluation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Cardiology Practice Name]
[Phone Number]