

Date: [Insert Date]

To: [Surgeon Name]
[Department of Cardiothoracic Surgery]
[Hospital Name]

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Procedure: Coronary Artery Bypass Grafting (CABG)

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for preoperative medical clearance regarding the scheduled Coronary Artery Bypass Surgery. My assessment is based on a physical examination, review of medical history, and recent diagnostic tests.

Medical History:
[List relevant diagnoses: e.g., Hypertension, Diabetes, COPD]

Cardiac Status:
[Note recent EKG, Stress Test, or Echocardiogram results]

Current Medications:
[List medications and instructions for stopping anticoagulants or antiplatelets]

Clearance Status:
The patient is medically optimized and cleared for surgery from a [Primary Care/Cardiology] standpoint, provided the following recommendations are followed:

- [Recommendation 1: e.g., Monitor blood glucose levels post-operatively]
- [Recommendation 2: e.g., Continue Beta-Blocker therapy until morning of surgery]
- [Recommendation 3: e.g., Specific pulmonary or renal precautions]

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Practice Name/Clinic Name]