

Date: [Insert Date]

To: [Surgeon Name]

Department: [Surgical Department/Hospital Name]

Fax/Email: [Insert Contact Information]

RE: Medical Clearance for Cardiac Surgery

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Proposed Procedure: [Type of Cardiac Surgery]

To Whom It May Concern,

I have completed a comprehensive medical evaluation of the above-named patient to assess their stability and risk profile for the scheduled cardiac surgery.

Clinical Findings:

The patient's current medical conditions, including [List relevant conditions like Hypertension, Diabetes, etc.], are currently [Stable/Optimized]. Recent diagnostic tests, including [List tests such as EKG, Stress Test, or Lab Work], performed on [Date], show [Brief summary of results].

Medication Management:

Regarding perioperative medication management, I recommend the following:

- [Drug Name]: [Continue/Discontinue] on [Date/Time].
- [Drug Name]: [Continue/Discontinue] on [Date/Time].

Clearance Status:

Based on my evaluation, the patient is **medically cleared** for the proposed cardiac procedure from a [Cardiology/Internal Medicine] standpoint, provided that standard intraoperative monitoring and postoperative care protocols are followed.

Specific Recommendations:

[Insert any specific precautions or "None"]

If you require further information or wish to discuss this evaluation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name, MD/DO]

[Practice Name]

[License Number]