Date: [Date]

To: [Surgeon Name]
[Surgical Clinic Name]
[Address]

RE: Medical Clearance for Total Knee Arthroplasty

Patient Name: [Patient Full Name]
Date of Birth: [DOB]

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for medical clearance regarding the scheduled Total Knee Arthroplasty on [Date of Surgery].

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

Current Medications:
[List current medications and dosages]

Pre-operative Assessment:
Physical Examination: [Normal/Describe findings]
EKG Findings: [Normal/Describe findings]
Laboratory Results: [Notable results or "Within normal limits"]

Recommendations:
- Anticoagulation Management: [Instructions for blood thinners]
- Medication Adjustments: [Instructions for morning of surgery]
- Cardiac/Pulmonary Status: [Stable/Optimized]

Clearance Status:
The patient is **[Medically Cleared / Cleared with the following conditions]** for the planned procedure under [General/Spinal] anesthesia.

Please contact my office at [Phone Number] if you have any questions.

Sincerely,

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