Date: [Date]

To: [Surgeon's Name]
[Surgeon's Practice Name]
[Address]

RE: Medical Clearance for Spinal Fusion Surgery

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

Dear Dr. [Surgeon's Last Name],

I am writing to provide medical clearance for my patient, [Patient Name], who is scheduled to undergo spinal fusion surgery on [Date of Surgery].

Medical History:
The patient has been evaluated for their current medical stability. Their relevant history includes: [List major conditions, e.g., Hypertension, Diabetes, etc.].

Clinical Findings:
- Vital Signs: [Stable/Detail]
- Cardiovascular Status: [Details, e.g., Normal EKG, No active cardiac symptoms]
- Pulmonary Status: [Details, e.g., Lungs clear to auscultation]
- Laboratory Results: [Mention any significant findings or state within normal limits]

Medication Management:
Regarding perioperative medication management, I have advised the patient to:
- Discontinue [Medication Name] on [Date].
- Continue [Medication Name] until the day of surgery.

Impression:
Based on my evaluation, [Patient Name] is medically cleared for the proposed spinal fusion surgery and general anesthesia. There are no contraindications to proceeding at this time.

Specific Recommendations:
[Insert any specific instructions for the surgical team, e.g., "Monitor glucose levels closely" or "Prophylactic antibiotics as per protocol"].

If you require any additional information, please contact my office at [Phone Number].

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]

[Title/Medical Specialty]
[Clinic Name]