[Date]
[Surgeon Name]
[Surgical Practice Name]
[Address]
[City, State, Zip Code]

RE: Medical Clearance for Lumbar Laminectomy
Patient Name: [Patient Name]
Date of Birth: [Patient DOB]
Proposed Surgery Date: [Surgery Date]

To [Surgeon Name],

I have evaluated [Patient Name] for medical clearance regarding the scheduled lumbar laminectomy. Based on my physical examination, review of medical history, and diagnostic tests, the patient is medically cleared for the procedure under [General/Local] anesthesia.

Clinical Findings:

- Current Medications: [List medications or "See attached list"]
- Allergies: [List allergies]
- Significant Medical History: [List conditions, e.g., Hypertension, Diabetes]
- Vital Signs: [BP, Heart Rate, Respiratory Rate]

Cardiac/Pulmonary Status:

[Insert brief statement regarding heart and lung stability, e.g., "The patient's cardiovascular and pulmonary statuses are stable for surgery."]

Recommendations:

- [Recommendation 1: e.g., Hold blood thinners 5 days prior]
- [Recommendation 2: e.g., Continue Beta-blocker on morning of surgery]
- [Recommendation 3: e.g., Monitor glucose levels perioperatively]

In my opinion, the patient is at [Low/Moderate] risk for perioperative complications. Please contact my office at [Phone Number] if you require further information.

Sincerely,

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