Date: [Date]

To: [Surgeon Name]
[Ophthalmology Practice Name]
[Address]
[City, State, Zip]

RE: Medical Clearance for Cataract Surgery

Patient Name: [Patient Name]
Date of Birth: [DOB]
Proposed Surgery Date: [Surgery Date]

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] on [Date of Evaluation] for medical clearance regarding elective cataract surgery with local anesthesia and IV sedation.

Medical History:
The patient has the following chronic conditions:
[List conditions, e.g., Hypertension, Diabetes, CAD]

Current Medications:
[List medications or attach list]

Physical Exam Findings:
Blood Pressure: [BP]
Heart Rate: [HR]
Lungs: [Findings]
Heart: [Findings]

Recommendations:
1. Anticoagulation: [Instructions to continue or hold medications like Aspirin/Coumadin]
2. Diabetic Management: [Instructions for morning of surgery]
3. Other: [Additional notes]

Clearance Status:
[ ] The patient is medically stable and cleared for the proposed procedure.
[ ] The patient is cleared with the following optimizations: [Notes]

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

Sincerely,

[Doctor Signature]
[Doctor Name, Credentials]
[Clinic Name]