Date: [Date]

To: [Ophthalmologist Name]
Facility: [Surgery Center/Hospital Name]
Fax: [Fax Number]

RE: Medical Clearance for Cataract Surgery

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Proposed Procedure: Cataract Extraction with IOL Implantation

To Whom It May Concern,

The above-named patient was evaluated by me on [Date of Evaluation] for preoperative cardiac risk assessment regarding their upcoming cataract surgery.

Cardiac History:
[List relevant conditions, e.g., CAD, Hypertension, Atrial Fibrillation]

Current Cardiac Medications:
[List medications]

Assessment and Recommendations:

- The patient is currently in stable cardiac condition.
- The patient is cleared for the procedure under [Local Anesthesia / IV Sedation].
- **Anticoagulation:** [Continue Aspirin/Plavix/Coumadin OR Instructions for holding meds].
- **Special Instructions:** [e.g., Continue Beta-Blockers morning of surgery].

From a cardiovascular standpoint, the patient is at low risk for the planned procedure. If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name], MD/DO
[Practice Name]