Date: [Date]

To: [Ophthalmologist Name]
Fax/Address: [Ophthalmologist Address/Fax Number]

RE: Medical Clearance for Cataract Surgery

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

To Whom It May Concern,

I am the primary care physician/endocrinologist for the above-named patient, who is scheduled for cataract surgery. The patient has a diagnosis of Type [1/2] Diabetes Mellitus.

Medical Status:

- **Most Recent HbA1c:** [Value]% (Tested on: [Date])
- **Current Medications:** [List medications or attach list]
- **Blood Pressure:** [Value] mmHg
- **Significant Comorbidities:** [e.g., Hypertension, CKD, or None]

Perioperative Recommendations:

[Insert specific instructions regarding insulin/oral hypoglycemic dosage for the morning of surgery, e.g., "Take half dose of long-acting insulin, hold oral medications"].

Clearance Status:

The patient is medically stable and cleared for cataract surgery under [local/monitored] anesthesia. There are no contraindications to the procedure at this time.

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

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Clinic/Practice Name]