Date: [Insert Date]

To: [Surgeon Name]
[Ophthalmology Practice Name]
[Practice Address]

RE: Medical Clearance for Cataract Surgery

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

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] on [Date of Exam] for medical clearance regarding the upcoming cataract surgery. Based on my clinical assessment, the patient is medically stable to proceed with the procedure under local anesthesia and/or monitored anesthesia care (MAC).

Medical History:
[List chronic conditions such as Hypertension, Diabetes, COPD, etc.]

Current Medications:
[List medications or attach medication list]

Cardiovascular/Respiratory Status:
[Notes on heart/lung exam and exercise tolerance]

Anticoagulation:
The patient [is/is not] on anticoagulants. Recommendation: [Continue / Discontinue] as per surgical protocol.

Recent Labs/Testing (if applicable):
[List relevant results, e.g., BP, HbA1c, EKG]

In summary, the patient is cleared for surgery. No specific medical contraindications were noted at this time.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic Name]
[Phone Number]