Date: [Date]

To: [Ophthalmologist Name]
Fax: [Fax Number]
Re: Medical Clearance for Cataract Surgery

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

Dear Dr. [Ophthalmologist Last Name],

I have evaluated [Patient Name] for medical clearance regarding elective cataract surgery. Based on my clinical assessment, the patient is currently stable and is considered **Low Risk** for this procedure under local or topical anesthesia.

Medical History: [Briefly list relevant chronic conditions, e.g., Hypertension, Controlled Diabetes]

Current Medications: [List medications or attach list]

Anticoagulation Status:
[ ] Patient is not on anticoagulants/antiplatelets.
[ ] Patient is on [Drug Name]. Recommendation: [Continue / Hold for X days].

Pre-operative Vitals:
BP: [BP] | HR: [HR] | Temp: [Temp]

Clearance Status:
The patient is medically cleared for cataract surgery. No further preoperative testing (EKG, CXR, or Bloodwork) is clinically indicated at this time unless required by your facility protocol.

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

Sincerely,

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