[Pulmonologist Name/Practice Name]
[Address]
[Phone Number]
[Date]

To: [Surgeon Name/Ophthalmology Clinic]
Fax: [Fax Number]

RE: Medical Clearance for Cataract Surgery

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

To Whom It May Concern,

The above-named patient was evaluated in my office on [Date of Evaluation] for pulmonary clearance regarding their upcoming cataract surgery.

Pulmonary History: [e.g., COPD, Asthma, OSA, or None]
Current Respiratory Status: [e.g., Stable, No acute shortness of breath]
Home Oxygen Requirements: [e.g., None, or 2L via NC]

Recommendations for Perioperative Management:

- Continue current inhalers/medications as prescribed.
- The patient is able to lie flat for the duration of the procedure: [Yes/No]
- If patient has OSA: Bring CPAP/BiPAP machine on day of surgery if sedation is used.
- Special precautions: [Insert any specific instructions]

Medical Clearance:
From a pulmonology standpoint, the patient is: **[ ] Cleared / [ ] Cleared with the above recommendations** for the procedure under [Local/MAC/General] anesthesia.

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

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Board Certification/Specialty]