Date: [Date]

To: [Psychiatrist Name/ECT Department]
Facility: [Facility Name]
Fax/Email: [Contact Information]

RE: Pulmonology Clearance for Electroconvulsive Therapy (ECT)

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

To Whom It May Concern,

I have evaluated the above-named patient to assess their pulmonary stability for Electroconvulsive Therapy (ECT) under general anesthesia. My evaluation included a review of their respiratory history, physical examination, and [List Tests, e.g., Pulse Oximetry, PFTs, or Chest X-ray].

Pulmonary Diagnosis: [e.g., COPD, Asthma, Obstructive Sleep Apnea, or None]

Clinical Findings:
The patient is currently [stable/compensated] from a respiratory standpoint. Current oxygen saturation on room air is [Percentage]%. Lung auscultation reveals [Findings].

Recommendations:

- Continue current respiratory medications: [List Medications].
- [Standard/Aggressive] bronchodilator treatment prior to anesthesia.
- [If applicable: Recommendations for CPAP/BIPAP use post-procedure].
- [Other specific precautions].

Clearance Status:
Based on my evaluation, the patient is **pulmonarily cleared** for ECT and general anesthesia, provided the above recommendations are followed. The patient is at [low/moderate/high] risk for perioperative pulmonary complications.

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]
[Physician Printed Name, MD/DO]
[Department of Pulmonology]
[License Number]