Date: [Date]

To: [Referring Psychiatrist Name]
Facility: [Facility Name]
Re: Anesthesiology Clearance for Electroconvulsive Therapy (ECT)

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Medical Record Number: [MRN]

Dear Dr. [Psychiatrist Last Name],

I have performed a pre-anesthetic evaluation for the above-named patient to determine their suitability for anesthesia during Electroconvulsive Therapy (ECT).

Medical History & Physical Findings:
[Insert brief summary of relevant cardiac, respiratory, and neurological status]

ASA Physical Status Classification: [Class I - IV]

Airway Assessment: [e.g., Mallampati Score, Range of Motion]

Review of Systems / Investigations:
- EKG: [Date/Result]
- Labs (CBC/BMP): [Date/Result]
- Other (Stress Test/CXR): [If applicable]

Anesthesia Plan:
The patient will receive general anesthesia utilizing short-acting induction agents and muscle relaxants (e.g., Methohexital and Succinylcholine). Emergency airway equipment and monitoring will be present according to ASA standards.

Recommendations:
- [e.g., Continue antihypertensive medications on morning of procedure with a sip of water]
- [e.g., Hold oral hypoglycemics the morning of procedure]

Clearance Status:
The patient is **CLEARED** for anesthesia for the planned ECT treatments from an anesthesiology perspective, provided there are no acute changes in medical status.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
Department of Anesthesiology
[Phone Number]