Date: [Date]

To: [Surgeon Name]
Facility: [Surgical Center/Hospital Name]
Fax: [Fax Number]

RE: Pre-Operative Clearance
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Proposed Procedure: [Procedure Name]
Surgery Date: [Surgery Date]

Dear Dr. [Surgeon Last Name],

I have reviewed the results of the Comprehensive Metabolic Panel (CMP) performed on [Date of Lab Work] for the above-referenced patient.

The lab results indicate the following:

- **Glucose:** [Result] mg/dL
- **Kidney Function (BUN/Creatinine):** [Result]
- **Electrolytes (Sodium/Potassium/Chloride/CO2):** [Result]
- **Liver Function (ALP/ALT/AST/Bilirubin):** [Result]
- **Proteins (Albumin/Total Protein):** [Result]

Based on these findings and the patient's current clinical status, the patient is medically cleared from a metabolic standpoint to proceed with the scheduled surgery. [Optional: Note any specific optimizations or medications to be held].

Please contact my office at [Phone Number] if you require any further documentation or have additional questions.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Practice Name]
[Phone Number]