[Doctor Name/Practice Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

RE: Pre-Operative ECG Clearance

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Proposed Procedure: [Procedure Name]
Surgery Date: [Date of Surgery]

Dear Dr. [Surgeon Last Name],

A 12-lead Electrocardiogram (ECG) was performed on [Date of ECG] as part of the pre-operative evaluation for the above-named patient.

ECG Results:
Interpretation: [Normal / Normal Sinus Rhythm / Minor Abnormalities]
Findings: [Briefly list findings, e.g., Rate, Rhythm, Axis]

Clinical Impression:
Based on the results of this ECG and the patient's current clinical status, there are no acute cardiac contraindications to the proposed surgery under [General/Local] anesthesia.

Recommendations:
[ ] Proceed as planned.
[ ] Continue current cardiac medications on the morning of surgery.
[ ] Other: [Specify any specific instructions]

If you have any questions or require further information, please contact my office.

Sincerely,

[Doctor Signature]
[Doctor Name, Credentials]