

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Procedure Date: [Insert Procedure Date]

Dear [Insert Patient Name],

This letter is a reminder of your upcoming surgical procedure and the required medical clearance paperwork. To ensure your surgery proceeds as scheduled, please complete the following steps:

1. Pre-Surgical Clearance Appointment

Date: [Insert Appointment Date]

Time: [Insert Appointment Time]

Location: [Insert Facility/Clinic Name and Address]

2. Required Documentation

Please bring the following items to your clearance appointment or ensure they are faxed to our office at [Insert Fax Number] by [Insert Deadline Date]:

- Completed History and Physical (H&P) form from your primary physician.
- Recent EKG results (within [Insert Timeframe, e.g., 30 days]).
- Recent blood work/lab results.
- A current list of all medications and dosages.
- Cardiac or pulmonary clearance (if specifically requested by your surgeon).

3. Important Pre-Surgical Instructions

- Do not eat or drink anything after midnight the night before your surgery.
- Follow all specific medication instructions provided by your doctor.
- Arrange for a responsible adult to drive you home and stay with you after the procedure.

Failure to provide the necessary clearance paperwork may result in the postponement or cancellation of your surgery.

If you have any questions or need to reschedule your clearance appointment, please contact our office at [Insert Phone Number].

Sincerely,

[Insert Surgeon/Physician Name]

[Insert Practice Name]