Date: [Date]

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

Dear [Patient Name],

We have reviewed the results of your pre-operative laboratory testing. Some of your results were outside of the normal range and require medical attention before your surgery can safely proceed.

Abnormal Findings:

- [Lab Test Name]: [Value] (Normal Range: [Range])
- [Lab Test Name]: [Value] (Normal Range: [Range])

Required Action Plan:

To ensure your safety during anesthesia and recovery, the following steps must be completed:

1. **Follow-up Appointment:** Please schedule an appointment with [Specialist Name or Primary Care Provider] by [Date].
2. **Repeat Testing:** You are required to repeat the [Specific Lab Test] on [Date].
3. **Medication Adjustment:** [Specific instructions regarding starting, stopping, or changing dosage].
4. **Clearance Documentation:** We require a formal clearance letter from your [Specialist/PCP] stating that you are medically optimized for surgery.

Status of Surgical Clearance:

[ ] **Pending:** Clearance will be granted once the above actions are completed.
[ ] **Deferred/Postponed:** Your surgery must be rescheduled until these medical issues are resolved.

Please contact our office at [Phone Number] once you have completed these steps or if you have any questions.

Sincerely,

[Provider Name]
[Practice Name]
[Contact Information]