

URGENT: ACTION REQUIRED FOR UPCOMING SURGERY

Date: [Current Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Surgery Date: [Surgery Date]

Procedure: [Procedure Name]

Dear [Patient Name],

We are contacting you because we have not yet received your required medical clearances for your upcoming surgery scheduled on [Surgery Date].

To ensure your safety and to avoid the cancellation or rescheduling of your procedure, the following items must be submitted to our office by [Deadline Date/Time]:

- Medical Clearance from Primary Care Physician
- Cardiac Clearance / EKG
- Blood Work (Lab Results)
- Chest X-Ray
- COVID-19 Testing
- Other: [Specify]

Please contact your specialist's office immediately to confirm these documents have been sent. Documentation should be faxed to [Fax Number] or emailed to [Email Address].

Failure to provide these documents by the deadline will result in the postponement of your surgery.

If you have already requested these documents, please call our Pre-Operative Department at [Phone Number] to confirm receipt.

Sincerely,

[Your Name/Department]

[Surgical Center/Hospital Name]

[Contact Phone Number]