

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Cardiology Pre-Operative Clearance Follow-Up

Dear [Patient Name],

This letter is to follow up on your recent cardiology evaluation for surgical clearance regarding your upcoming procedure: [Name of Surgery] scheduled for [Date of Surgery].

Based on your cardiovascular assessment and test results, you are cleared for surgery with the following specific instructions:

### 1. Medication Instructions:

- **Blood Thinners (e.g., Aspirin, Plavix, Warfarin):** [Stop/Continue] taking this medication [Number] days before surgery.
- **Blood Pressure Medications:** [Take/Hold] your dose on the morning of the procedure with a small sip of water.
- **Other Medications:** [List any additional instructions].

### 2. Pre-Procedure Testing:

Please ensure the following tests are completed and sent to your surgeon's office: [List tests, e.g., EKG, Stress Test, Lab Work].

### 3. Post-Operative Follow-Up:

Please schedule a follow-up appointment with our cardiology office [Number] weeks after your surgery for a routine check-up.

**Important:** If you experience chest pain, shortness of breath, or palpitations before your surgery date, please contact our office immediately or seek emergency care.

If you or your surgeon have any questions regarding these instructions, please call our office at [Phone Number].

Sincerely,

[Provider Name, MD/NP/PA]

[Practice Name]

[Practice Phone Number]