

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Pulmonology Pre-Operative Clearance Instructions

Dear [Patient Name],

This letter is to follow up on your recent pulmonology evaluation for pre-operative clearance regarding your upcoming surgery on [Date of Surgery].

Based on your evaluation, please follow these specific instructions to ensure your respiratory health is optimized for anesthesia and recovery:

- **Medications:** Continue taking [Name of Inhaler/Medication] as prescribed. Do not stop these unless directed by your surgeon.
- **Incentive Spirometry:** Practice using your incentive spirometer [Number] times per day to strengthen your lung capacity.
- **Smoking Cessation:** It is highly recommended that you refrain from smoking for at least [Number] weeks prior to surgery.
- **Special Testing:** Your [PFT/Chest X-Ray/CT Scan] results were reviewed and [Normal/Stable/Requires Action].
- **CPAP/BiPAP:** If you use a machine for sleep apnea, you must bring your device and mask to the hospital on the day of surgery.

**Specific Physician Notes:**

[Insert additional specific clinical instructions here]

We have forwarded your formal clearance documentation to your surgeon, [Surgeon Name].

If you experience any new shortness of breath, increased coughing, or fever before your procedure, please contact our office immediately at [Phone Number].

Sincerely,

[Physician Name, MD/DO]

[Practice Name]

[Contact Information]