

[Date]

[Physician Name]

[Clinic/Hospital Name]

[Address]

[City, State, Zip Code]

**RE: Missing Pre-Operative Clearance Records**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Scheduled Surgery Date:** [Surgery Date]

Dear [Physician Name/Medical Records Department],

We are contacting your office regarding the pre-operative clearance for the patient listed above. As of today, we have not yet received the required medical records and/or clearance letter necessary for their upcoming procedure.

To ensure the patient's surgery proceeds as scheduled, please provide the following missing documentation:

- [Item 1: e.g., Recent EKG results]
- [Item 2: e.g., Blood work/Lab results]
- [Item 3: e.g., Formal Cardiac/Medical Clearance Letter]

Please fax these documents to [Fax Number] or email them securely to [Email Address] by [Deadline Date].

If the patient has not yet completed their evaluation, please notify our office immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name/Department]

[Surgical Practice Name]