

Date: [Date]

To: [PCP Name]

Fax Number: [PCP Fax Number]

Office Address: [PCP Office Address]

RE: Pre-Operative Medical Clearance

Patient Name: [Patient Name]

Date of Birth: [Patient DOB]

Scheduled Surgery Date: [Surgery Date]

Procedure: [Name of Surgical Procedure]

Dear Dr. [PCP Last Name],

We are following up regarding the pre-operative medical clearance for the above-mentioned patient. Our records indicate that we have not yet received the formal clearance and required diagnostic results for their upcoming surgery.

To ensure the patient's safety and prevent any delays or cancellations of the procedure, please provide the following documentation by [Deadline Date]:

- A formal letter stating the patient is medically cleared for surgery.
- A copy of the most recent History and Physical (H&P) exam (performed within the last 30 days).
- Relevant lab work (CBC, BMP/CMP, PT/PTT/INR).
- EKG report (if applicable based on patient age or cardiac history).
- Specific recommendations regarding the management of chronic medications (e.g., anticoagulants, diabetic medications) during the perioperative period.

Please fax these documents to our surgical coordination office at [Your Fax Number].

If you have already sent this information or if the patient has not yet been seen, please contact our office at [Your Phone Number] to update us on the status.

Thank you for your assistance in providing coordinated care for this patient.

Sincerely,

[Your Name/Surgeon's Name]

[Title/Department]

[Practice Name]