

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is a follow-up regarding the rescheduling of your surgery, which was originally set for [Original Surgery Date]. As discussed, your procedure has been delayed pending further medical clearance.

To ensure your safety and to proceed with a new surgical date, we require the following actions to be completed:

- **Pending Evaluation:** [Specify Specialist, e.g., Cardiology, Pulmonology]
- **Required Testing:** [Specify Tests, e.g., EKG, Blood Work, Stress Test]
- **Physician Documentation:** A formal "clearance for surgery" letter must be sent to our office by [Specialist Name/Primary Care Physician].

Please schedule these appointments as soon as possible. Once you have completed the evaluations or if you have any updates regarding your status, please contact our surgical coordinator at [Phone Number].

Our goal is to reschedule your surgery as soon as it is medically safe to do so. We will notify you of the new procedure date once all required documentation has been reviewed and approved by our surgical team.

If you have any questions, please contact our office during normal business hours.

Sincerely,

[Doctor/Surgeon Name]

[Practice/Hospital Name]

[Contact Information]