

Pre-Operative Evaluation Letter

Date: _____

Patient Name: _____

Date of Birth: _____

Patient ID: _____

To Whom It May Concern:

This letter serves as a pre-operative evaluation for the above-named patient who is scheduled for a surgical procedure on _____ (date of procedure). The patient was evaluated on _____ (evaluation date) and the following findings were noted:

Medical History:

- Relevant medical conditions: _____
- Medications: _____
- Allergies: _____

Physical Examination:

Overall physical state: _____

Laboratory Tests:

- Complete Blood Count (CBC): _____
- Electrolytes: _____
- Pregnancy Test: _____

Assessment:

The patient is deemed fit for the planned procedure with the following considerations:

- Recommendations: _____
- Pre-operative instructions: _____

Conclusion:

The patient has no contraindications for surgery and should proceed as planned. Please feel free to contact me for further information.

Sincerely,

[Your Name, MD]

[Your Specialty]

[Your Contact Information]