



Dear Dr. \_\_\_\_\_:

We are currently treating patient \_\_\_\_\_ for  
\_\_\_\_\_. The patient is awaiting surgery  
for \_\_\_\_\_.

Before we can proceed with the patient's surgery, we will need History and Physical/Medical Clearance for his/her medical problems.

We will leave the final decision of necessary testing up to you.

**We ask that you include all lab results, History and Physical, and an office note with the clearance.**

Please fax the above information to Wendy at 817-445-1039.

If you have any questions, feel free to contact our office.

Please include Cardiac Risk Classification.

Thank you for your assistance in this patient's care.

Signature: \_\_\_\_\_

Robert Myles, M.D.