



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.