



COMPREHENSIVE HEART CARE, P.A.

Preventive, Clinical, Interventional, & Nuclear Cardiology

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PRE-OPERATIVE CARDIAC EVALUATION

DATE: _____

PATIENT NAME: _____ **DOB:** _____

SURGEON: _____ **TYPE OF SURGERY:** _____

TO WHOM IT MAY CONCERN:

The above named patient was seen in my office for cardiac evaluation. Upon my evaluation I have found the patient to be at: {LOW} {AVERAGE} {MODERATE} {HIGH} risk for cardiac complications.

Should you have any questions please feel free to contact me.

Sincerely,