



Lutheran Medical Center
Surgical Weight Loss Institute

George S. Ferzli, M.D., F.A.C.S.
Corneliu T. Vulpe, M.D.

Gastrointestinal Clearance for Bariatric Surgery

Date _____

Dear Dr. Ferzli:

I am writing to support the plan for my patient, _____, to undergo Bariatric surgery. Based on pre-operative evaluation, which included a full history, physical examination, review of systems, review of medications, and results of testing listed below (attach copies of results as need be), this patient has no gastrointestinal contraindications for the planned Bariatric surgery.

EGD: _____

Abdominal Ultrasound: _____

Colonoscopy (for 50 years of age and over only): _____

This patient is cleared from my point of view, with the following restrictions, if any:

1. _____
2. _____
3. _____
4. _____

Sincerely,

Signature

Name

Street Address

City State Zip Code

Phone number

Fax number