



Lutheran Medical Center
Surgical Weight Loss Institute

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

Cardiac Clearance for Bariatric Surgery

Date _____

Dear Dr. Ferzli:

I am writing to support the plan for my patient, _____, to undergo Bariatric surgery. Based on a pre-operative evaluation, which included full history, physical examination, review of systems, review of medications, 2D echocardiogram, stress test, and cardiac catheterization if needed (attach copies as need be), this patient has no cardiac contraindications for the planned Bariatric surgery.

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