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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 *Fax*