

George S. Ferzli, M.D., F.A.C.S
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PRIMARY CARE 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, this patient has
no 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 *Fax*