

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

65 Cromwell Avenue  
Staten Island, NY 10304  
(718) 667-8100  
Fax (718) 667-6280

## **PULMONARY 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 pulmonary  
function testing, 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*