

CLEARANCE FORM

Patient: _____ DOB: _____ Today's Date: _____

is medically stable and cleared for bariatric surgery from a

Primary Care Physician (Please include History & Physical)

Cardiac standpoint

Pulmonary standpoint

Neurology standpoint

Nephrology standpoint

Endocrinology standpoint

GI standpoint

PCP / Specialist Printed Name

Address

Phone Number

PCP / Specialist Signature

Please fax to: (209)846-9141

If you have any questions regarding this note, please contact the office at
(209)248-7168, ext 105