

**Date:** [Insert Date]

**To:** [Gastroenterologist Name]

**Department:** [Gastroenterology/Endoscopy]

**Facility:** [Clinic/Hospital Name]

**RE:** Pre-Bariatric Surgery Clearance Referral

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Insurance ID:** [ID Number]

Dear Dr. [Gastroenterologist Last Name],

I am referring the above-mentioned patient to your office for an upper gastrointestinal endoscopy (EGD) as part of their preoperative evaluation for bariatric surgery (planned procedure: [Roux-en-Y Gastric Bypass / Sleeve Gastrectomy]).

The purpose of this evaluation is to identify and manage any foregut pathology that may impact the surgical approach or postoperative outcomes. Please evaluate the patient for the following:

- Presence and size of hiatal hernia.
- Evidence of esophagitis or Gastroesophageal Reflux Disease (GERD).
- Screening for Barrett's Esophagus.
- Biopsy for Helicobacter pylori (H. pylori) status.
- Detection of gastric or duodenal ulcers, polyps, or other mucosal abnormalities.

Please provide a formal report of the endoscopic findings and a clearance statement regarding the patient's suitability for bariatric surgery from a gastroenterological perspective.

If you have any questions or require further clinical history, please contact my office at [Your Phone Number].

Sincerely,

[Your Signature]

**[Your Name, MD/DO]**

[Bariatric Surgery Department]

[Contact Information]