

**Date:** [Date]

**To:** [Surgeon Name]

**Facility:** [Bariatric Center/Hospital Name]

**Address:** [Street Address, City, State, Zip]

**RE: Nutritional Clearance for Bariatric Surgery**

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

**Date of Birth:** [DOB]

**Insurance ID:** [ID Number]

Dear Dr. [Surgeon Last Name],

I am writing to provide the nutritional assessment and clearance for [Patient Name], who is seeking [Type of Surgery, e.g., Gastric Bypass/Sleeve Gastrectomy].

The patient has completed [Number] supervised nutritional counseling sessions. During these evaluations, we addressed the following:

- **Weight History:** Review of previous weight loss attempts and current BMI of [BMI].
- **Dietary Habits:** Assessment of current caloric intake, eating patterns, and triggers for overeating.
- **Nutritional Knowledge:** Education on protein requirements, fluid intake, and vitamin/mineral supplementation post-surgery.
- **Behavioral Changes:** Implementation of mindful eating, portion control, and the elimination of carbonated beverages/high-sugar foods.

**Clinical Impression:**

The patient demonstrates a comprehensive understanding of the dietary lifestyle changes required for a successful surgical outcome. They have shown compliance with the pre-operative goals and have realistic expectations regarding weight loss and maintenance.

**Recommendation:**

From a nutritional standpoint, [Patient Name] is a suitable candidate for bariatric surgery. I provide my full clearance for the procedure to proceed.

Sincerely,

[Signature]

[Your Name, Credentials]

[Title/Practice Name]

[Phone Number]