

[Date]

[Bariatric Surgeon Name]

[Surgical Practice Name]

[Address]

[City, State, Zip Code]

RE: Gastroenterology Evaluation for Bariatric Surgery Candidacy

Patient Name: [Patient Name]

Date of Birth: [DOB]

Insurance: [Insurance Provider]

Dear Dr. [Surgeon Last Name],

I am writing to provide a gastroenterology evaluation for [Patient Name], who is seeking metabolic and bariatric surgery. The patient was evaluated in my office on [Date of Evaluation].

Clinical History:

The patient has a BMI of [BMI] and a history of [Duration] of clinical obesity. Associated comorbidities include [List comorbidities, e.g., GERD, NAFLD/NASH, Barrett's Esophagus, Type 2 Diabetes].

Gastrointestinal Assessment:

During my evaluation, the following were noted:

- **Symptoms:** [e.g., Heartburn, dysphagia, abdominal pain, or asymptomatic]
- **Endoscopy (EGD) Results:** [Date of procedure and findings, e.g., Hiatal hernia size, presence of esophagitis, or normal findings]
- **H. pylori Status:** [Positive/Negative/Pending]
- **Liver Health:** [e.g., Evidence of fatty liver, LFT results, or FibroScan results]

Recommendations:

From a gastroenterology standpoint, I find the patient to be a suitable candidate for [Surgical Procedure, e.g., Roux-en-Y Gastric Bypass or Sleeve Gastrectomy]. I have discussed the impact of this procedure on their GI health and the necessity of post-operative compliance.

Plan:

[e.g., Eradication of H. pylori prior to surgery, PPI therapy titration, or follow-up surveillance].

Please feel free to contact my office at [Phone Number] if you require further documentation or clinical data.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Gastroenterology Practice Name]