

[Date]

[Insurance Company Name]

[Insurance Address]

[City, State, Zip Code]

RE: Cardiology Clearance for Bariatric Surgery

Patient Name: [Patient First and Last Name]

Date of Birth: [MM/DD/YYYY]

Member ID: [Insurance ID Number]

To Whom It May Concern,

I am writing to provide formal cardiac clearance for [Patient Name] to undergo bariatric surgery. The patient is currently under my care for cardiovascular evaluation prior to their scheduled procedure with [Surgeon Name].

The patient underwent a comprehensive cardiac evaluation on [Date], which included:

- Physical Examination
- Electrocardiogram (EKG)
- [Optional: Echocardiogram/Stress Test/Other Tests]

Based on my clinical assessment, the patient is hemodynamically stable. From a cardiovascular standpoint, the patient is considered [Low/Moderate] risk for non-cardiac surgery. There are no contraindications to proceeding with general anesthesia or the planned bariatric procedure.

Recommendations:

- [Insert specific medication instructions, e.g., continue beta-blockers]
- [Insert aspirin or anticoagulant instructions]
- Standard perioperative cardiac monitoring is advised.

In summary, [Patient Name] is medically cleared for bariatric surgery. If you require further information, please contact my office at [Phone Number].

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]

[Practice Name]

[NPI Number]