

[Date]

[Insurance Company Name]
[Attn: Bariatric Authorization Department]
[Address]
[City, State, Zip Code]

RE: Gastroenterology Clearance for Bariatric Surgery

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Insurance ID: [ID Number]

To Whom It May Concern,

I have evaluated [Patient Name] on [Date of Evaluation] for preoperative gastroenterology clearance prior to undergoing bariatric surgery (requested procedure: [Type of Surgery]).

As part of this evaluation, the following procedures/tests were performed:

- [EGD/Upper Endoscopy] performed on [Date]
- [H. Pylori Testing] result: [Positive/Negative]
- [Biopsy Results, if applicable]

Findings: [Briefly list findings, e.g., mild gastritis, Hiatal hernia, or normal exam].

Clinical Impression: The patient is gastrointestinally stable and does not have any contraindications that would preclude them from undergoing the proposed bariatric procedure. [Note if H. Pylori treatment was completed, if applicable].

Based on my clinical findings and diagnostic workup, [Patient Name] is medically cleared from a gastroenterology standpoint for bariatric surgery.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Practice Name]
[Phone Number]
[NPI Number]