Date: [Date]

To: [Surgeon Name]
[Surgical Practice Name]
[Address]

RE: Cardiology Clearance for Bariatric Surgery
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]

Dear Dr. [Surgeon Last Name],

Patient [Patient Name] was evaluated in my cardiology clinic on [Date of Evaluation] for preoperative cardiac risk assessment prior to undergoing [Type of Bariatric Procedure].

Cardiac History:
The patient's relevant cardiac history includes [List diagnoses, e.g., Hypertension, CAD, Arrhythmia, or None]. Current cardiac medications include [List Medications].

Diagnostic Findings:
The following tests were reviewed as part of this evaluation:

- **EKG:** [Date] - [Findings]
- **Echocardiogram:** [Date] - [LVEF% and relevant findings]
- **Stress Test:** [Date] - [Results, if applicable]

Clinical Assessment:
From a cardiovascular standpoint, the patient is currently [Stable/Optimized]. According to the ACC/AHA guidelines, the patient is considered [Low/Moderate] risk for non-cardiac surgery. The patient reports a functional capacity of [Number] METs without limiting symptoms.

Recommendations:
1. Continue [Medication Name] throughout the perioperative period.
2. Hold [Medication Name, e.g., Anticoagulants] for [Number] days prior to surgery.
3. [Additional intraoperative or postoperative cardiac monitoring instructions].

Conclusion:
Patient [Patient Name] is **medically cleared** for bariatric surgery from a cardiovascular perspective.

Sincerely,

[Physician Signature]

[Physician Name, MD/FACC]
[Cardiology Practice Name]
[Phone Number]