Date: [Date]

RE: Medical Clearance for Bariatric Surgery
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Insurance ID: [Insurance Number]

To [Surgeon Name/Bariatric Program],

[Patient Name] is currently under my care at [Clinic Name] for the management of endocrine-related conditions, including [List conditions, e.g., Type 2 Diabetes, Hypothyroidism, PCOS].

I have reviewed the patient's medical history, current metabolic status, and recent laboratory results. My assessment is as follows:

- **Glycemic Control:** The patient's most recent HbA1c was [Number]% on [Date]. Current diabetes medications include [List medications].
- **Thyroid Function:** TSH levels are [Stable/Optimized] at [Number] mIU/L.
- **Hormonal Stability:** [Note any other relevant endocrine issues].

From an endocrinology standpoint, the patient is medically stable and cleared to proceed with bariatric surgery. I have discussed the necessity of post-operative monitoring, specifically regarding the potential for rapid adjustments in insulin and glucose-lowering medications immediately following the procedure.

Recommendations for Peri-operative Management:
[Insert specific instructions for medication titration or monitoring].

I will continue to follow the patient post-operatively to manage their endocrine health and coordinate long-term metabolic care.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Board Certification]
[Clinic Name]
[Phone Number]