Date: [Date]

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

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

Dear Dr. [Surgeon Last Name],

I have evaluated [Patient Name] for preoperative gastroenterological clearance regarding their upcoming bariatric procedure ([Type of Procedure, e.g., Gastric Sleeve/Bypass]).

Clinical Evaluation:
The patient underwent a clinical consultation on [Date]. A review of their gastrointestinal history, current symptoms, and medications was performed.

Diagnostic Procedures:
An Esophagogastroduodenoscopy (EGD) was performed on [Date]. Findings included:
- [List findings, e.g., Hiatal hernia, Gastritis, Esophagitis, or Normal]
- H. Pylori Status: [Positive/Negative/Pending]
- Biopsy Results: [Results or N/A]

Treatment and Recommendations:
[Note any treatments started, e.g., PPI therapy, H. Pylori eradication, or lifestyle changes].

Clearance Status:
Based on my evaluation, the patient is:
[ ] Cleared for surgery from a gastroenterology standpoint.
[ ] Cleared for surgery pending the following: [List requirements].
[ ] Not cleared for surgery at this time.

If you have any questions or require further documentation, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]
[Practice Name]
[Contact Information]