



MEDICAL CLEARANCE FOR BARIATRIC SURGERY

PLEASE COMPLETE FORM

AND FAX BACK TO

919-784-2801

4207 Lake Boone Trail, Suite 210

Raleigh, NC 27607

Phone: 919-590-6326

THANK YOU FOR YOUR PROMPT ATTENTION

SURGEON:

- Dr. Dustin Bermudez
- Dr. Peter Ng
- Dr. Lindsey Sharp
- Dr. Linda Youngwirth
- Dr. Benjamin Crisp

SPECIALIST CARE PHYSICIAN:

TYPE OF SPECIALIST:

- Pulmonologist
- Hematologist
- Oncologist
- Nephrologist
- Endocrinologist

Patient: _____

DOB: _____

Comments: _____

I am in agreement that this patient is a good candidate and I recommend the patient for surgery.

Physician Signature _____ Date _____