ST. LOUIS BARIATRIC
SPECIALISTS, LLC
A New Tool, A New Life.

Surgery Clearance Letter Form

Patient Name: _____
DOB_____
The above stated patient is scheduled for bariatric surgery, please indicate if this patient:

[ ] Is medically cleared for surgery
[ ] Is NOT medically cleared for surgery
[ ] Patient need more test done
[ ] Fax patient test results (EKG & Chest X- ray)
[ ] Patient needs to see PCP before clearance will be filled out

Comments/ Additional Notes: _____
_____
_____
_____

_____ _____ _____
Physician Signature Printed Physician Name Date
Please fax this form back to 314-965-8756

Thank you,
St. Louis Bariatric Specialists
314-965-8410

2355 Dougherty Ferry Rd, | Suite 430 | St. Louis, Mo 63122
P: 314-965-8410 | F: 314-965-8756 | info@stllapband.com | www.stllapband.com