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### Clearance

\_\_\_ Medical \_\_\_ Cardiac \_\_\_ Gastroenterology \_\_\_ Pulmonary

Patient Name:	D.O. B:
Procedure: Bariatric surgery	Facility: WJMC
Surgery Date: to be determined	Surgeon:
Approximate length of Anesthesia:	2 hours

Please evaluate the above patient to clear for surgery from a Medical/ Cardiac standpoint.

#### MEDICAL EXAMINATION:

WT: \_\_\_\_\_ HT: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_ Temp: \_\_\_\_\_

Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

EKG Results: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\*\*\*\*\*Please forward any test results done to our office along with this clearance. \*\*\*\*\*

#### Cleared for Surgery:

Yes: \_\_\_ No: \_\_\_ Recommendations: \_\_\_\_\_

Medical: \_\_\_\_\_ Cardiac: \_\_\_\_\_ Risk: \_\_\_\_\_

If patient takes anticoagulants, please advise how to proceed Pre-Op and Post-Op.

\_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone No: \_\_\_\_\_