



SURGICAL ASSOCIATES OF SOUTH FLORIDA, LLC
6705 Red Road, Suite 510
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www.miamivipsurgery.com
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Dear Primary Care Physician,

Our mutual patient, _____, is seeking surgical intervention for the disease of morbid obesity. A multidisciplinary team approach is imperative in evaluating this patient prior to surgery. The primary care physician can assist us by evaluating the patient for obesity-related co-morbidities, and providing us with the surgical clearance from your standpoint. We require further evaluations from a cardiologist, pulmonologist, gastroenterologist, psychologist and nutritionist.

We recommend having these tests done for your surgical evaluation:

LABS

*CBC/CMP

*PT/INR

*APTT

*Urine U/A, Urine C&S

Hepatitis B & C screen

Liver functions

Folic Acid

Iron

Ferritin

Lipid panel

TIBC

Vitamin B12, A, & D

T3, T4, TSH

ADDITIONAL TESTS

*EKG

*Chest X-Ray

*EGD

Cardiac Clearance *(if over 40)

*Mandatory

We must have all items in our office 2 business days prior to surgery

Our program provides pre-operative education and teaching, as well as monthly group support meetings where nutrition, behavior modification, benefits of exercise and emotional support are offered at regular intervals. A committed team approach will benefit our patient to have the utmost weight loss and successful weight management. Our Bariatric team looks forward to working with you.

Sincerely,

Reza Keshavarzi, MD

Minimally Invasive Bariatric Surgeon



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Primary Care Clearance for Bariatric Surgery

Patient Name: _____

Date of Birth: _____

Patients in the pre-operative process for Bariatric Surgery are required to obtain medical clearance from their primary care physician prior to scheduling surgery.

Thank you for your assistance in preparing this patient for his/her upcoming bariatric surgery. Please complete this form and return to our office.

Physician Printed Name: _____

Phone: _____

Practice Address: _____

City/State: _____ Zip: _____

Medical Examination: Patients five (5) year weight history is as follows:

(1) YR: _____ (2) YR: _____ (3) YR: _____ (4) YR: _____ (5) YR: _____

The patient has been diagnosed with the following co-morbid conditions:

Patient has attempted and been unsuccessful with the following weight loss programs:



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Current Wt: _____ Ht: _____ BP: _____ P: _____ R: _____ Temp: _____

Lungs: _____

Heart: _____

Additional comments:

This patient is cleared for bariatric surgery from a medical standpoint. YES NO

Physician Signature

Date