



Flowers Hospital

Center for Metabolic and Weight Loss Surgery

MEDICAL CLEARANCE FORM

Your patient has completed pre-operative educational classes on bariatric surgery. He/she is very close to completing all of their pre-operative requirements. He/she has been educated on the importance of follow-up with our surgeons as well as the attendance of support group. We have discussed the risks and benefits of surgery and the lifestyle change. Please feel free to write any additional comments in the "notes" section that you would like to give us. *We leave it up to the provider to determine if any further tests are necessary in order to deem your patient medically cleared for surgery.* Please call 334-944-7095 with any questions. Thank you for your support!

Patient Name:	DOB:
Primary Provider:	Date:

Present Co-Morbidities:

The above patient of mine has been evaluated and deemed medically appropriate for bariatric surgery.

The above patient of mine is NOT medically cleared for surgery due to _____.

Notes (optional)

Provider Signature

Date