Dear Provider,

Your patient is interested in having bariatric surgery and will need cardiac clearance prior to surgery. Please advise the patient if you require they have an appointment with you prior to completion of this form. This form must be completed (including pre-op anticoagulation therapy instructions on form) prior to scheduling the patient for bariatric surgery. Once completed, fax to NC Surgery at 919-784-2801. If you have EPIC, you can scan this form in under media and label “cardiac clearance for bariatric surgery”.

Thank you, please call the office with questions (919)784-7874.

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