

Palmetto Health USC
MEDICAL GROUP

PHUSC Weight Management Center

Patient: _____ **DOB:** ____/____/____

To: Palmetto Health USC Weight Management Center

The above named patient has been under my care for ____ years. His/Her medical issues are presently stable.

He/She is at ____ Low ____ Moderate ____ High risk for adverse events during the upcoming Bariatric Surgery under general anesthesia.

This patient has been cleared from PCP standpoint regarding Bariatric Surgery.

Regards,

Provider Signature: _____ **Date:** ____/____/____