



Surgical Specialists of Washington Township

Board Certified in General Surgery
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Patient: _____ DOB: _____

Pre-operative clearance

Our patient needs cardiac clearance for bariatric surgery under general anesthesia. Testing is ordered at your discretion.

Please forward us clearance along with any testing completed.

Thank you!

Physician Signature
LIC# MB079120 / NPI 1861462939

Date: _____