



# Surgical Specialists of Washington Township

Board Certified in General Surgery  
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Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

## Pre-operative clearance

Our patient needs pulmonary 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: \_\_\_\_\_