

Patient: _____ DOB: _____ Date: _____

Dear cardiac team, we anticipate this patient undergoing:

- laparoscopic gastric sleeve
- laparoscopic gastric bypass
- laparoscopic gastric band
- laparoscopic loop duodenal switch
- revision: removal of gastric band with conversion to laparoscopic gastric sleeve
- revision: removal of gastric band with conversion to laparoscopic gastric sleeve
- revision: removal of gastric band with conversion to loop duodenal switch

We would greatly appreciate it if you could complete this form and fax it back to us at 513-559-1235 (along with most recent EKG, last office note, and any relevant testing or procedure results) in order to ensure the proper care for our mutual patient.

**Sincerely,
JourneyLite Physicians**

Cardiac risk assessment:

- Patient is at **low risk** for surgery from a cardiac standpoint.
- Patient is at **increased, but not prohibitive, risk** from a cardiac standpoint.
- Patient is at **prohibitive risk** from a cardiac standpoint.

- Appropriate for ambulatory surgery center Case should be done at hospital

Please comment below on any risk-reducing measures that we should undertake. **If the patient is on anti-coagulants/anti-platelet therapy, please give advice on cessation prior to surgery and recommendations on bridging if required.**

Provider Signature

Date:

Telephone Number: