

Healthy Life Bariatrics
2080 Century Park East – Suite 1508
Los Angeles CA 90067
Office: 310 694-4486 Fax: 310 363-7617

November 26, 2017

Dear __,

Pending your insurance authorization and pre-operative clearance, you are scheduled for

Laparoscopic Sleeve Gastrectomy on: __.

You will need to **report to the hospital by:** __.

Parking:

Please refer to the enclosed *Surgical Checklist for Sleeve Gastrectomy* in preparation of your surgery.

Set up a pre-operative evaluation appointment with your primary care physician the week of: __. This evaluation will consist of:

- History and Physical (must be within 30 days of surgery date)
- EKG (must be within 30 days of surgery date)
- Chest X-ray (must be within 6 months of surgery date)
- Lab Work: (must be within 30 days of surgery date)
 - CBC
 - Complete Metabolic Profile
 - Urinalysis

(All Results must be signed by the PCP, DOB and DOS must be on all pages and H & P must state that the pt. is cleared for surgery)

Please have your primary care physician fax these results to our office 10 days before your surgery. Our fax number is 310 363-7617. . **IF WE DO NOT RECEIVE PRE-OPS YOUR SURGERY WILL BE CANCELED.** Make sure your PCP's office sends everything to us.

If either you or your physician has any questions or concerns regarding the pre-operative requirements, please do not hesitate to contact our office; 310-694-4486.

Finally, all financial responsibilities are due 15 business days prior to your surgery.

Sincerely,
Healthy Life Bariatrics