

Primary Care Physician: Dr Michael Jones

Patient Name: Jonathan Smith

Date of Birth: 05/18/1970

The above named patient has expressed an interest in bariatric surgery for the treatment of morbid obesity and other co-morbid conditions. This patient's insurance carrier requires signed clinical documentation in the form of a clinical note for each monthly visit and should contain the follow:

- Four to Six consecutive months of documented weight loss attempts within the last 18-24 months. The notes must be separate clinic notes. The insurance carrier will not accept a cumulative letter of weight loss attempts.
- Vital signs (must include patient's weight)
- Specific recommendations/suggestions for a current dietary program for weight loss, i.e. 1400 cal, low fat diet, low carb diet, South Beach diet, etc. Please be very specific.
- Specific recommendations/suggestions for physical activity or exercise program.
- Discussion of behavioral modifications and /or successful changes made. •
Discussion of or use of FDA approved pharmacotherapy, if prescribed.

In addition, a letter from the PCP recommending surgery, and that they feel the patient is a good candidate, is required.

We are committed to assist your patient in this process. However, we will be unable proceed with until the above is completed. Please feel free to call our office if you have any questions.

Sincerely,

Lisa Prestia, RN, Bariatric Coordinator

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