

CCS *CENTRAL CAROLINA SURGERY, P.A.*

Surgical Options in Weight Loss

“Making the decision for a life style change”

PATIENT NAME _____ DOB: _____

PCP _____

DATE COMPLETED _____

Past five years of weights	Year	Weight	BMI
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Co-morbidities (including ICD-9 codes) _____

Weight loss attempts (please include dates, results, medications, diet and exercise modifications)

Physician Signature

Date

In addition to the above information, the patient will need a LETTER OF MEDICAL NECESSITY and your endorsement for support as their Primary Care Physician.