

The Center for Metabolic & Weight Loss Surgery Form

This six-month weight loss form must be completed in order to confirm you have met the diet requirements established by your benefit plan. Please bring this form with you to your appointment each month and have it signed.

You are required to complete a six-month (180 days) physician supervised diet, prior to surgery. This means that you have worked with a provider (any licensed physician, nutritionist or registered dietitian) and had a minimum of one visit per month for seven calendar months. During each visit, the provider must document your current weight, what diet regimen you are following and what type and amount of exercise you are performing. The diet must have been completed within the past year.

If you went to *Weight Watchers* or *Jenny Craig*, please provide a photocopy of all the stamps and/or written proof of participation for six months AND at least three physician office visit notes showing appointment date, your weight and that you were participating in *Weight Watchers* or *Jenny Craig*.

Patient Name: _____ DOB: _____ Height: _____
 Insurance: _____ Patient Subscriber ID: _____

Physician Visit	Date & Time	Weight	Notes *Attach actual progress note
Initial Visit (for supervised diet)			
First Month			
Second Month			
Third Month			
Fourth Month			
Fifth Month			
Sixth Month (180 days after Initial Visit)			

Notes:

Please note that it is important to keep all your appointments to meet the guidelines. If you cannot keep one of your appointments, please call at least a week in advance so that your appointment can be rescheduled.

Medical Clearance

The above patient of mine has been evaluated and deemed medically appropriate for bariatric surgery.

 Provider Name Printed

 Provider Signature and Date

Please fax this form as well as any other related documents (i.e., progress notes) to 1-334-615-8476. If you have any questions feel free to call our office at 334-944-7095. Thanks you!