



Date: \_\_\_\_\_

**REFERRAL: BARIATRIC SURGERY**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Dear Dr. Keith Zuccala and Dr. Craig Floch,

I am recommending my patient undergo bariatric surgery. Per my request, please evaluate my patient, named above, to determine if he/she would be a good candidate for bariatric surgery.

**Medical Diagnosis/ ICD-10:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**Please include the following, if available:**

- Bloodwork** within last 6 months
- EKG** within last 12 months

\_\_\_\_\_  
MD Signature / Date

\_\_\_\_\_  
Print MD Name

\_\_\_\_\_  
Address / Phone