



Date: _____

Referral: Bariatric Surgery

Dear Dr. Keith Zuccala / Dr. Craig Floch,

Patient: _____

DOB: _____

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. _____

Recent Blood Work and EKG:

- Attached
- Not Applicable

MD Signature / Date

Print MD Name

Address / Phone