

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 – within last 3 months:

- Attached
- Not Applicable

MD Signature / Date

Print MD Name

Address / Phone