Patient Name: _____ **DOB**: _____

Physician/Provider Name:	
Clinic/Practice Name:	
Address:	
Phone:	Office Contact:
Fax:	Email:

Medical Necessity

- ☐ Please accept this as formal request for my support, recommendation, and approval of bariatric surgery for the above patient who will benefit from the health benefits of bariatric surgery
- ☐ Patient has been under my care for _____ years
- ☐ Patient has been diagnosed with morbid obesity for the past _____ years
- ☐ Patient is medically cleared for bariatric surgery from my perspective
- ☐ Patient has been educated and understands the risks involved, has reasonable expectations, and understands the importance of compliance with the postoperative nutrition, behavioral, physical activity, support requirements of the MUSC Bariatric Surgery program
- ☐ Patient is suffering from the following medical conditions, which are expected to improve after surgery: ☐DM2 ☐HTN ☐OSA ☐CHD ☐CVD ☐hyperlipidemia ☐GERD ☐DJD ☐Osteoarthritis ☐other: _____

Weight History from Medical Documents

Patient's Height: _____ Patient's Weight: _____ Date: _____ Calculated BMI: _____

Recent Weight/BMI at medical visits:

Date:						
Weight/BMI:						

Weight/BMI during past 5 years:

Year:	2021	2020	2019	2018	2017
Weight/BMI:					

History of Weight Loss Attempts

Patient has unsuccessfully tried/failed long term weight reduction with non-surgical weight loss regimens:

- ☐ Active participation in a structured, medical weight management program supervised by medical professional within past 12 months
- ☐ Monthly nutrition counseling with Registered Dietitian (diet instruction, behavioral modification, increased physical activity/exercise, support for lifestyle changes)
- ☐ Pharmacology (anti-obesity medications): _____
- ☐ Other: _____

Certified by: _____ on _____
Primary Care Providers Signature Date

Printed Name: _____

Please fax completed forms to 843-876-4201, or email to wls@musc.edu and we can move forward with submitting patient's information to their insurance company for approval. Program Phone: (843) 792-3046