



Manatee Surgical

Weight Loss Center

5317 4th Ave Cir East
 Bradenton, FL 34208
 www.DrRekkas.com
 Tel: (941)254-4957
 Fax: (941)254-4958

Physician Referral Form for Bariatric Surgery

OFFICE INFORMATION			
Today's date:	Physician Referring:	Office Number:	Fax Number:
Street address:	City:	State:	ZIP Code:

PATIENT INFORMATION			
Last name:	First:	Middle:	
Street address:	City:	State:	ZIP Code:
Home phone:	Cell:	Work:	Email:
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Height in Inches:	Weight in Pounds:	BMI	

INSURANCE INFORMATION		
Primary Insurance:	Subscriber:	Policy #:
Secondary Insurance:	Subscriber:	Policy #:

MEDICAL HISTORY		
Please attach all pertinent medical records	Yes	No
1. Has patient been medically cleared for all co-morbidities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has patient been evaluated for hypothyroidism or other endocrinopathy? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has patient received cardiac clearance for surgery?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has patient had an evaluation for h. pylori if patient was symptomatic for GERD or gastric reflux?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has patient completed a physician supervised diet with monthly weigh-ins?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has patient completed a supervised exercise program?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the patient use tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has the patient had previous Bariatric Surgery?	<input type="checkbox"/>	<input type="checkbox"/>

Please attach any other pertinent Information and Fax to 941-254-4958