

**Phone: (401) 521-6310**

**Fax: (401) 861-9596**

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

**WEIGHT LOSS SURGERY WORKUP**

Dear Patient: This is the list of appointments that you need to make and tests you need to have **BEFORE** we can schedule your weight loss surgery. To expedite matters and for your convenience with the timing, we ask you to make the appointments that have been checked off. After you have completed **ALL** tests, call our office.

- Online Seminar                       In person                       None

Required	Received	Procedure	Date	Phone
		Upper Endoscopy (EGD)		Call 456-2309 and Instructions will also be sent by mail.
		Psychiatry Consultation		Request evaluation for weight loss surgery. Melissa DaSilva, LICSW (Spanish) 227-0372 Gershon Psych. Associates (Spanish) 349-3131 Dr. David Kroessler – Angell St. Psychiatry 274-8777 Dr. Steven Hirsch 272-9666 Michael D. Brodeur, PSY.D. 369-9224
		Dietary Consultation  insurance: _____  # of visits: _____		Gina Lombardi 949-2010 Healthway RI 228-6010 Nutrition Consultants 615-5538 Nutrition Inc. 490-0900 South County: Cynthia Sawicky 667-0452 Bristol / Newport: Evolution Nutrition 396-9331 Patricia Sloss 223-2366
		Last Office Visit Note from PCP		Our staff will get the letter
		Sleep Apnea testing		Sleep Lab will contact you to schedule
		Support group – 2 visits		See our paper list or website: loseweightri.com

		Blood testing / labs		Roger Williams or Fatima lab; see paper list or online
		Watch video online		<a href="http://reports.nsqip.facs.org/MBSAQIPDropVideo/">http://reports.nsqip.facs.org/MBSAQIPDropVideo/</a> rwmc.org, our services, weight loss surgery, patient resources, in the paragraph “pre-op education” click here to watch video
		Other:		

**Tell everyone to send your results to our office: (401) 349-3110**