

McLaren Print System Order

Order No: 16741
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User: Denise Maginity
Phone: 810-342-5470

Ship Location: BARIATRIC & METABOLIC INSTITUTE/BEECH HILL CENTRE
G-3200 Beecher Road, MBI
Flint, MI 48532

Forms

Quantity: 500
Paragon Dept No: 36810
Dept Name: BARIATRIC & METABOLIC INSTITUTE
Company Number: 60

Order Total Price: 0.00

Item Number: M-31007
Item Description: Physician Supervised Weight Loss Program Documentation
Revision Date: 12/2014
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLaren Bariatric and Metabolic Institute
PHYSICIAN SUPERVISED WEIGHT LOSS PROGRAM DOCUMENTATION

Assessment and Treatment Plan for Obesity

To be eligible for bariatric surgery approval, the following documentation must be completed by a licensed Health Provider for 6-12 consecutive months depending on your patient's insurance plan.

Name of Patient: _____ Date of Service: _____

Weight _____ BMI: _____ Blood Pressure: _____ Heart Rate: _____

Diet (Prescribed caloric restrictions, review of dietary intake and recommendations)

Notes: _____

Type of diet recommended: _____

Physical Activity (Physical exercise program appropriate for the member's age and physical condition, including expectations for compliance and recommendations)

Notes: _____

Behavioral Interventions (specific strategies and tools for overcoming barriers and improving dietary compliance; review, for example, logbooks, support groups, stress management, problem solving, social support stimulus-control)

Notes: _____

Pharmacotherapy (Issue must be addressed and documented. List FDA approved weight loss drugs and strength.)

Spec Info: Please 5-hole punch at the top of this document. Unable to select it as an option. I understand that there is a charge for this

Physician Signature: _____ Date: ____/____/____

Please fax to: McLaren Bariatric and Metabolic Institute (810) 342-6798

Office Phone: 888-342-5470

PHYSICIAN SUPERVISED
WEIGHT LOSS PROGRAM
DOCUMENTATION
www.mclaren.com



Form with fields for name and address.