

**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:	2024	2023	2022	2021	2020
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/exercise 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](mailto:wls@musc.edu) and we can move forward with submitting patient's information to their insurance company for approval. Program Phone: (843) 792-3046