## **Weight Loss Surgery Check List**

# Use this check list to make sure you have everything in order for surgery.

#### **Insurance**

- ☐ Call your insurance company
- ☐ Verify bariatric surgery coverage (see Financial & Insurance Information)

#### **Education Class**

Attend at least two education class meetings	
Pate	
Pate	

### **Appointments**

	ppointments
	Dietician
Th	ree group classes before surgery approval
	Date
	Date
	Date
	Bariatric Counseling (Psychology)
	Name
	Phone
	Date
	Lab Work
	Date
	Gastroenterologist
	Consultation Date
	Procedure Date
	Smoking Cessation (If Applicable)
	Date
	Medical Clearance Form
	Date

	<b>5-year W</b>	•		-				_
for s	Sleep State	a) -				,	if	positive
[	ocation _							
1	Phone							_
Γ								
[	Date							
	Date	ler U	ltraso	und				
]	Oate	ler U	Itraso	und				_
]	Oate Gallbladd Oate	ler U ferra	ltraso Is	und				_
	Oate  Gallbladd  Oate  Other Re	ler U	ltraso Is	und				_
	Gallbladd Date Other Re	ler U	ltraso Is	und				_
] ] 1	Gallbladd Date Other Re	ler U	ltraso Is	und				