



Surgical Specialists of NJ, LLC
Rancocas Division
1000 Salem Road, Suite A
Willingboro, NJ 08046
609.877.1737

David Greenbaum, MD FACS
Samuel Wasser, MD FACS
Richard, Ing, MD FACS

Name: _____ Date: _____

Please be advised that the above named patient is seeking Bariatric Weight Loss Surgery.

It is necessary to obtain records on behalf of this patient to submit to their insurance company for pre-approval of this surgery. The criteria states that the patient must have been severely obese for a period of 5 years or more and also has attempted a 6-month medically supervised diet plan over the past 2 years prior to considering weight loss surgery.

This request is for:

- 1 Office Notes on this Patient from the past two years.
- 2 A Letter from the Primary Care Physician regarding the patients weight history and the length of time the patient has been severely obese.
- 3 Illnesses or co-morbidities the patient may be suffering as a result of severe obesity.
- 4 Weight Loss attempts that have failed during the last two years.
- 5 Comments regarding the benefits of weight loss for this patient.

Please fax the information 609-877-1589 to the attention of Tina.

Should you have any questions call Tina 609-877-1737 Ext. 16.

I allow release of my records to Surgical Specialists of NJ, LLC Rancocas Division.

Patient's Signature: _____