Palmetto Health USC
MEDICAL GROUP

Palmetto Health-USC Weight Management Center

Patient:_____ **DOB:**_____/_____/_____

Dear Primary Care Provider,

As per insurance requirements for our mutual patient, **3 or 6 months of Medically Managed Weight Loss** have to be conducted through your office for approval for Bariatric Surgery. In an effort to make this difficult and confusing process easier, we have attached instructions and a Monthly Managed Weight Loss form to this letter. ***This patient needs to be seen in your office every 29-30 days for either 3 or 6 consecutive months.*** If the patient deviates from this schedule, insurance will not approve them for Bariatric Surgery.

Thank you in advance for working with these strenuous requirements concerning our patient and if you have any questions, please do not hesitate to contact our office at 803-376-5982.

Best,
Weight Management Center
1850 Laurel Street Suite 1A
Columbia, SC 29201

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Monthly Managed Weight Loss Attempts

Month: 1 / 2 / 3 / 4 / 5 / 6 (circle one)

Date:_____/_____/_____

Patient's Name:_____
DOB:_____/_____/_____

HT:_____"_____' **WT:_____lbs.** **BMI:_____**

B/P:_____/_____Pulse:_____

Diagnosis: Morbid Obesity

Diet Plan:

_____ 1200 Cal Daily **_____1500 Cal Daily** **_____1800 Cal Daily**

_____Weight Watchers **_____Atkins** **_____Decrease Carbs**

_____Food Journal **_____Other Diet Plan**

Exercise Plan: **_____Walking** **_____Treadmill** **_____Swimming**
_____Aerobics **_____Jogging** **_____Spin/Bike**

Minutes:_____ Times Per Week: _____
Comments:_____

Response to Prescribed Regimen: **Lbs Lost:_____**

Comments:_____
_____

Goal For Next Visit: **Lose 5-10 lbs for the next 29-30 days**

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Continue Diet Plan:

_____ 1200 Cal Daily _____1500 Cal Daily _____1800 Cal Daily

_____Weight Watchers _____Atkins _____Decrease Carbs

_____Food Journal _____Other Diet Plan

Exercise Plan: _____Walking _____Treadmill _____Swimming
_____Aerobics _____Jogging _____Spin/Bike

Minutes:_____ Times Per Week: _____

Comments:_____
_____

Provider Signature:_____ Date:_____/_____/_____