A journey to a new you!

NORTH MISSISSIPPI MEDICAL CENTER

BARIATRIC CENTER

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Patient Pathway Description

Please use this checklist to make sure that you have completed the necessary steps toward bariatric surgery. Please bring this checklist with you to your appointments. We look forward to meeting you and answering your questions.

☐ **Bariatric Surgery Seminar Participation** Date:_____

- ☐ **Bariatric Surgery Seminar Registration**
- ☐ **Bariatric Surgery Patient Education Seminar Acknowledgment (P.41)** form signed and submitted

☐ **Mandatory Weight Loss Support Group Meeting Attended** Date:_____

☐ **Consultation Appointment with Dr. Pinson** Date:_____

- ☐ Questions answered by nurse, nurse practitioner and surgeon
- ☐ Completed and signed **New Patient Packet forms** collected
- ☐ Preferred surgical procedure: ☐ RNYGB ☐ Adjustable Gastric Band ☐ Vertical Sleeve Gastrectomy
- ☐ Meet with financial specialist to schedule appointments and review criteria

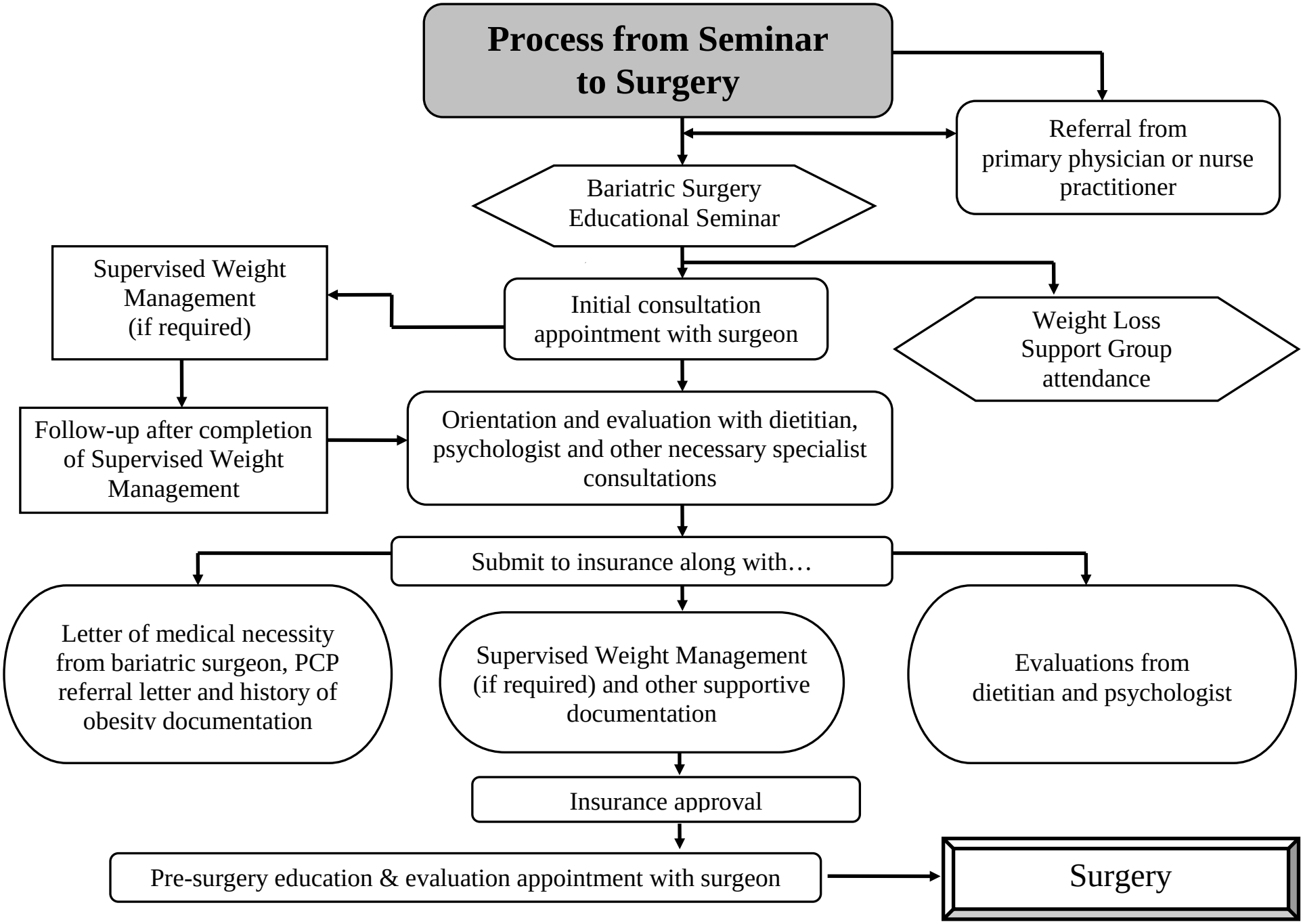
☐ **Physician Referral Letter**

☐ **Insurance/Financial**

- ☐ Patient education and pre-surgery visit scheduled
- ☐ Authorization letter/package sent to insurance Date: _____
- ☐ Hard copy authorization received
- ☐ Financial responsibility: $ _____
- ☐ Tentative surgery dates discussed with clinic staff.

☐ **Preoperative Appointment Date**: _____

- ☐ Educational class with RN
- ☐ Educational class with Dietitian
- ☐ Assessment with exercise physiologist
- ☐ **Pre-Surgery Bariatric Surgery Patient Instructions received (P.43)**
- ☐ **Bariatric Surgery Contract (P.17)** completed and signed
- ☐ **Informed Consent (P. 31)** signed
- ☐ **Request for Bariatric Surgery (P. 11) signed**
- ☐ Questions answered by nurse, nurse practitioner and surgeon
- ☐ Program fee $360 collected
- ☐ Hospital pre-admitting appointment made Date: _____ Time:_____

Issued date: July 12, 2007
Revised: December 18, 2014

Process from Seminar to Surgery