ARIATRIC SURGERY PROVIDERS:  Bariatric Surgery Providers:  Bease check if referring to a specific provider.)  Bariatric Surgery Providers:  (Please check if referring to a specific provider.)		c provider )	WakeMed 🖁
☐ Ann Chung, MD ☐ Brandon Roy, MD, FACS, FASMBS ☐ Ian A. Villanueva, MD, FACS, FASMBS	☐ Scott Bovard, MD, FACS, FASMBS ☐ Jon Bruce, MD, FACS, FASMBS ☐ Paul Enochs, MD, FACS, FASMBS ☐ David Pilati, MD, FACS		Bariatric Surgery & Medical Weight Loss
Medical Weight Loss Provider: ☐ Tiffany Lowe-Payne, DO, ABOFP, DABOM	Medical Weight Loss Provider:  ☐ Kajal Zalavadia, MD, ABIM, DA	ABOM	
Phone: 919-350-9625 Fax: 919-851-6757	Phone: 919-234-4468 Fax: 919-234-4478		
Cary Medical Park 300 Ashville Avenue, Suite 301 Cary, NC 27518	Cary - MacGregor Pines 160 MacGregor Pines Drive, Suite 310 Cary, NC 27511		
<b>WakeMed North</b> 10010 Falls of Neuse Road, Suite 302 Raleigh, NC 27614	Brier Creek 10208 Cerny Street, Suite 202 Raleigh, NC 27617		
<b>Fuquay-Varina</b> 601 Attain Street, Suite 101 Fuquay-Varina, NC 27526	Burlington 111 Huffman Mill Road Burlington, NC 27215		
R	EQUEST FOR CONSUL	TATION	
Date:	EQUEST TOR CONSUL	IAIIOI	
Patient Name: First	Last		MI
DOB:		e Phone:	
Work Phone:		Phone:	
Address:			
Medical Insurance:			
Referring Physician:		Practice Name:	
Practice Phone:		Practice Fax:	
Reason for Referral:   Consultation	on bariatric surgery		
☐ Consultati	on medical weight loss		
☐ Consultation previous bariatric surgery			
☐ Check if pa	atient would like to explore	medical weight los	s and bariatric surgery options

WAKEMED BARIATRIC SURGERY SECTION ONLY

Appointment Date/Time

Name of Provider

Faxed notification of appointment to referring provider on

Completed by

Patient previously seen by a WakeMed Bariatric or General Surgery provider? ☐ Yes

If yes, name of provider: \_\_\_\_\_

Using the phone and fax numbers from the top of this form, please call for an appointment or fax this request to our office (along with appropriate records, recent progress notes, medication list, lab results, copy of insurance info where applicable). Thank you for your referral. To download this form electronically, visit <u>wakemed.org/bariatricsurgery-physician-practices</u> and click on "Refer to us."

Please include a copy of the patient's insurance card with the referral form.

□ No