



### Panniculectomy Referral Form

Dear Referring Provider,

Due to changing insurance requirements for panniculectomy surgery we are unable to schedule your patient until we receive the completed supportive documentation. Once this information is received in our office it will be reviewed by a member of our nursing staff to ensure that the patient is an appropriate candidate for surgery and we will then contact the patient and schedule a consultation.

Sincerely,

Doreen Danaher  
Administrative Supervisor

**SUPPORTIVE DOCUMENTATION \*\*MUST BE COMPLETED\*\***

Pt. Name:	
Date of Birth:	
Phone number:	
Height:	
Present Weight:	
Maximum Weight:	

Has the patient's weight been stable for at least 1 yr.? Yes \_\_\_\_\_ No \_\_\_\_\_

Did the patient have gastric bypass surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was the date of the procedure? \_\_\_\_\_

If no, how was excess weight lost? \_\_\_\_\_

Do you believe your patient will benefit from panniculectomy surgery? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you believe that the size of your patient's pannus interferes with daily living activities? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*CONTINUED ON NEXT PAGE\*\***



Does your patient have any of the following hygiene issues with their pannus (please check all that apply):

- Panniculitis
- Cellulitis
- Skin ulcerations
- Intertriginous dermatitis

Has your patient undergone any conservative treatment to relieve the symptoms above? Treatments may include (check all that apply):

- Topical antifungals
- Topical corticosteroids
- Systemic corticosteroids
- Local or systemic antibiotics
- Other \_\_\_\_\_

Does the patient have a hernia? Yes \_\_\_\_ No \_\_\_\_

If yes, please be aware that we do not perform hernia repairs in conjunction with the panniculectomy surgery. The hernia repair should be done by a general surgeon PRIOR to the panniculectomy.

Does the patient have any of the following co-morbidities (please check all that apply):

- Heart attack/failure
- Blood clots
- Stroke
- Diabetes
- Depression or any mental health issues

***\*\*PLEASE attach any office notes in regard to the above issues that will support panniculectomy surgery for insurance purposes. This includes supportive documentation from other providers as well (general surgeons, physical therapists, etc.).\*\****

\_\_\_\_\_  
Referring Provider Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Referring Provider Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Fax: \_\_\_\_\_

\_\_\_\_\_