4900 Broad Road

Syracuse, NY, 13215

Telephone: (315)299-5313

**Fax: (315)299-5661**

**Panniculectomy Fax Coversheet**

***To help us efficiently and quickly schedule a consultation, please fill out this form and fax it to our office along with the requested medical records.***

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_**

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

 **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Patient Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Our providers require the following information:***

* **Reason for referral**
* **The patient’s most recent BMI (Must be 37 OR BELOW)**
* **Referral must include AT LEAST 6-12 months’ worth of detailed documentation proving that a panniculectomy is medically necessary and that other options have been exhausted without showing results.**
* **If a Gastric Bypass patient, please ensure the patient is 1 year post op, is close to their goal weight and has plateaued for at least 3 months.**

***Please check below & fax the following documentation for a consultation:***

**□Referral from PCP**

**□Patient Demographics Sheet**

**□At least 6-12 months’ worth of consistent documentation of panniculitis (Eg. Skin breakdown and/or rashes/yeast infections under the pannus treated with prescription medications). This is required by insurance companies for consideration of coverage.**

 **Referring Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**