



K. Robert Williams, Jr., M.D. FACS, FASMBS

Contact Us
865-694-9676

Dear Physician,

Your patient is interested in weight loss surgery at the New Life Center for Bariatric Surgery. This patient may be required to complete a Medically Supervised Diet for a specified time by their insurance company. If you have been following the patient in the past for a medically supervised diet, we would appreciate it if you could provide documentation regarding diet and exercise efforts within the past year. Please fill out the attached form to correspond with each visit or send an office note from each office visit.

If the patient will be starting a medically supervised diet with your office, documentation from you must include:

- Monthly appointments with dates documented
- Monthly weights with dates documented
- Nutritional and Exercise counseling to aid weight loss
- Other recommendations made to aid weight loss

Please refer to the attached form for the proper documentation process required by insurance companies for all future appointments. **Please fax the documentation to (865) 588-3742 after each visit.**

Thank you for your time and attention to this matter and please contact us with any additional questions at (865) 694-9676.

Sincerely,

The Staff of New Life Center for Bariatric Surgery

9330 Park West Blvd, Suite 508,
Physicians Plaza
Knoxville, TN 37923
Fax 865-588-3742



Request for Documentation of Medically Supervised Diet & Exercise Visits (Please complete one for each visit And fax to 865-588-3742)

Physician conducting program: Physician Address:

Patient Name: Date of Visit: Chart #: Date of Birth: Initial Visit Date: Visit Number: Goal Weight:

- S: Patient is following a: 800 cal/day diet, 1200 cal/day diet, 1500 cal/day diet, Pre-op Diet, Other:

- Patient is participating in the following exercise regimen: Walking, Yoga/Pilates, Swimming, Aerobics, Curves, Gym/Club Membership, Water Aerobics, Physical Therapy, DVD/Video Tapes, Other: Pt Unable to Exercise due to: Dietician Consult: Scheduled, Completed, Date:

O: Height: Weight: BMI: HR: B/P:

- A: Morbid Obesity, Super Morbid Obesity, Change in Weight since last visit, Change in Body Mass since last visit, Patient verbalizes understanding of Carbohydrates, fats, and protein grams, Patient Keeps a Food Journal, Patient Keeps an Exercise Log and documents increase in physical activity, Patient has disability of Activities of daily living related to obesity, Patient is compliant with diet and exercise

- P: Continue on a: 800 cal/day diet, 1200 cal/day diet, 1500 cal/day diet, Pre-op Diet, Other: Continue Exercise, Return to Office in 1 month to evaluate Progress, Drug Therapy has been considered, Phentermine, Xenical, Declined, Other, Additional behavioral interventions, Other

Physician Signature