

Request for Bariatric Surgery Consultation



Thomas W. Umbach
MD, FACS, FASMBS

600 Whitney Ranch Drive, E-26
Henderson, NV 89014
o: 702.463.3300 f: 702.441-0251

Referring Physician: _____

Patient Name: _____

Patient DOB: _____

Patient Phone #: _____

I am requesting a consultation for an evaluation and management of this patient's morbid obesity.

Physician Signature: _____ Date: _____

Please fax this form to Blossom Bariatrics at **(702) 441-0251**.

Blossom Bariatrics will contact the patient directly and handle all insurance authorization.

If you have any questions, please feel free to call us at (702) 463-3300. After this patient is evaluated, we will provide a written report to you with our findings and recommendations.

Thank you for your referral!

Sincerely,

Tom Umbach, MD
& the Staff of Blossom Bariatrics.

Weight Loss Surgery WORKS!

- ▶ RESOLVE DIABETES, SLEEP APNEA & HYPERTENSION
- ▶ LOSE YOUR EXCESS WEIGHT
- ▶ SAFE OPERATIONS
- ▶ LIVE LONGER

Dr. Umbach is QUALIFIED!

- ▶ HIGHLY EXPERIENCED WEIGHT LOSS SURGEON
- ▶ CENTER OF EXCELLENCE SURGEON
- ▶ FELLOWSHIP TRAINED AT UNIVERSITY SOUTHERN CALIFORNIA
- ▶ ADVANCED LAPAROSCOPIC & NATURAL ORIFICE SURGEON

Blossom Bariatrics is EASY for Patients!

- ▶ EASY STEP-BY-STEP PROCESS
- ▶ FRIENDLY, EASY & QUICK FINANCING
- ▶ CONVENIENT ONLINE: CLASSES, REGISTRATION, APPOINTMENTS
- ▶ FREQUENT SEMINARS ALL OVER THE VALLEY
- ▶ MAJORITY OF INSURANCES ACCEPTED
- ▶ SE HABLA ESPAÑOL

Patient Label
From Your Office
(optional)