

Current Diagnosis:

- Type 2 Diabetes
- High Blood Pressure
- Sleep Apnea
- Heart Disease
- GERD
- Other – List Below

OFFICE USE ONLY

Pt # _____

Dr. _____

Date: _____

Time: _____



WESTERN BARIATRIC
INSTITUTE

Patient Information

_____ (Please Initial) I certify I have watched the WBI online seminar and have viewed the surgery protocol on the Getting Started Page at www.WBIRENO.com

Preferred Surgeon (Dr. Ganser or Dr. Webb): _____ Height _____ Weight _____ BMI _____

M / F Patient Name: _____

Marital Status: _____ DOB: _____ SSN#: _____ Ethnicity _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Other Phone _____

Email: _____ Would you like to receive our Newsletter? _____

Preferred Pharmacy in Nevada _____

Primary Physician: _____

Insurance:

Primary Insurance: _____ Member ID# _____

Policy Holder: _____ Relationship to Patient: _____

Policy Holder's DOB: _____ Policy Holder's Soc Security #: _____

Employer: _____ Occupation: _____

Customer Service phone #: _____ Group Plan # _____

Secondary Insurance: _____ Member ID# _____

Policy Holder: _____ Relationship to Patient: _____

Policy Holder's DOB: _____ Policy Holder's Soc Security #: _____

Employer: _____ Occupation: _____

Customer Service phone #: _____ Group Plan # _____