

**Current Diagnosis:**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**OFFICE USE ONLY**

Pt # \_\_\_\_\_

Dr. \_\_\_\_\_

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

Time: \_\_\_\_\_

**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](http://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 #: \_\_\_\_\_