



Bariatric Surgery Program

Patient Pathway Description

1. Attend "Informational Seminar" Date: _____
2. Call your insurance company to verify "Bariatric Surgery" coverage
3. Call 860-585-3339 to schedule an intake appointment with Kerry Roy, coordinator.
Date and time of appt: _____

(Bring your True/False Assessment & Health Questionnaire with you to this appointment)

During your intake appointment the following will be discussed:

Type of surgery procedure: Lap Band Bypass Sleeve

Number of Nutrition appointments required: _____

4. Surgeon Consultation appointment with **Dr. Gedeon/ Dr. Adra/Dr. Malit**
Date and time of appt: _____

(Located at 25 Newell Rd, suite C-14. Phone 860-585-1560)

5. Other Clearances that may be required pending your surgeon's approval:
 Blood work Chest X-Ray EGD UGI

6. **Appointments you will need to complete:**

Psychological Clearance:

Dr.'s Name: _____ Date and time of appt: _____

Cardiology Clearance:

Dr.'s Name: _____ Date and time of appt: _____

Sleep Study:

Dr.'s Name: _____ Date and time of appt: _____

When all appointments and testing is completed call 860-585-3339, for direction on your next steps.