

You can speed up the process of scheduling with the surgeon by completing this checklist and sending back to us.

Return form through MyChart using steps below OR fax to 877-991-4780

1. Take photo of completed form
2. Send Provider a message
3. Attach photo to message and send

<https://www.mypatientchart.org/MyChart/Authentication/Login>

I have completed my checklist and I am ready to see the Surgeon!!

| Requirement | Date Completed |
|----------------------------|-----------------------|
| Dietitian | ___/___/___ |
| Psychologist | ___/___/___ |
| Physical Therapy | ___/___/___ |
| EMMI educational video | ___/___/___ |
| Letter "Medical Clearance" | ___/___/___ |

from your provider.

Location Completed

| | | |
|----------------------|-------------|--|
| Lab work | ___/___/___ | <input type="checkbox"/> Barnes facility, <input type="checkbox"/> Lab Corp <input type="checkbox"/> Lab Quest, Or other: _____ |
| EKG | ___/___/___ | <input type="checkbox"/> Barnes facility, <input type="checkbox"/> Lab Corp <input type="checkbox"/> Lab Quest, Or other: _____ |
| H-pylori breath test | ___/___/___ | <input type="checkbox"/> Barnes facility, <input type="checkbox"/> Lab Corp <input type="checkbox"/> Lab Quest, Or other: _____ |

The following requirements are only if ordered:

| Requirement | Date Completed | Location Completed |
|--------------------------|-----------------------|---|
| EGD/Upper endoscopy | ___/___/___ | <input type="checkbox"/> Barnes facility, or other: _____ |
| Esoph. Manometry/24hr PH | ___/___/___ | <input type="checkbox"/> Barnes facility, or other: _____ |
| Sleep Study | ___/___/___ | <input type="checkbox"/> Barnes facility, or other: _____ |
| Pulmonary Function | ___/___/___ | <input type="checkbox"/> Barnes facility, or other: _____ |
| Cardiac Clearance | ___/___/___ | <input type="checkbox"/> Barnes facility, or other: _____ |
| Chest X-Ray | ___/___/___ | <input type="checkbox"/> Barnes facility, or other: _____ |