

PATIENT INFORMATION FORM

Name: _____ Male Female Age: _____
 Email: _____ Height: _____
 Address: _____ Weight: _____
 _____ BMI: _____
 Telephone number: () - - Emergency Telephone number: () - -

SURGERY

LapBand Bypass Sleeve Duodenal switch Plicature (reversible) Revision (convert-bypass)

Date: _____ Time: _____ Hospital: Almater Arce Quiones

SURGEON: _____ PATIENT COORDINATOR: _____

Medications: (name and dosage) _____

Past Medical History:

Allergies to _____ Reflux Hiatus Hernia Gastritis or gastric ulcer
 Blood disorders _____ other _____
 High cholesterol / Triglycerides Heart disease Diabetes Hypertension
 Endoscopy with diagnosis of _____

Past Surgical History:

_____ When _____
 _____ When _____

FLIGHT

Hotel in Mexicali: Yes No Hotel in San Diego/LA (overnight): Yes No (patient extra payment/not included in the cost)

Arrival to Mexicali:

Date: _____ Time: _____ Flight: _____ Airline: _____ From: _____

Arrival to Mexicali:

Date: _____ Time: _____ Flight: _____ Airline: _____ From: _____ To: _____

PAYMENT

Total cost: \$ _____ USD Deposit: No Yes It is \$ _____ USD

Payment type: Cash Money order Transfer Bank check (no personal check)