



One Medical Center Drive
P.O. Box 626
Biddeford, ME 04005-0626
(207) 283-7000

Weight Loss Surgery & Weight Loss Management Program

Patient Name: _____ Date of Birth: _____

Date of Surgery: _____ Surgeon: **Dr. Michael Carroll**

Pre-Printed Orders:

- Outpatient Dietitian to provide Medical Nutrition Therapy to patient in the Weight Loss Surgery program every 3 weeks preoperatively and postoperatively at: 2-weeks, 4-weeks, 6-weeks, 3-months, 6-months, 9-months, 12-months, 18-months, and 24 months.

- Indirect Calorimetry to be performed by the outpatient dietitian to determine resting energy expenditure on weight loss surgery patient one time between the 8th month and 12th month after surgery.

I certify that the ordered services are necessary for the care of the patient:

Provider Signature: _____

Date: _____