



**Emory Bariatric Center
The Emory Clinic, Department of General Surgery
404 778-5673**

Date_____

Patient Name_____

Address_____

City_____State_____Zip_____

Referred to Emory Bariatric Center for Weight Loss

Call 404 778-5673 to schedule appointment

Referring Physician Signature_____

Referring Physician Name (print)_____