



# UNIVERSITY of MARYLAND MEDICAL CENTER

**Bariatric Surgery Referral  
Center for Weight Management and Wellness**

**Thank you for referring your patient to us, please fill out and fax back!**

29 S Greene Street, Baltimore, MD, 21201

Phone: 410-328-8940

Fax: 410-328-8997

**\*Patients BMI must be  $\geq 35$ \***

Referring Physician: \_\_\_\_\_

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ (BMI \_\_\_\_\_) **BMI over 35 to qualify**

**Exercise Limitations?**

No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is the patient interested in an **in person seminar** or **online webinar?**

In Person Seminar Locations (choose one):

**UMMC**

**BWMC**

**Queenstown**

**Waldorf**

Webinar: <https://www.umms.org/ummc/campaigns/bariatric-surgery18>