



*An affiliate of University of Texas Health Science Center
Division of General & Laparoendoscopic Surgery*

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Thank you for your interest in the UT Surgical Weight Loss Program. Our team appreciates the opportunity to talk with you about this very important change you are considering.

We ask that you fill out the forms described below in advance. They are lengthy, and there is not time at your appointment to complete them. Therefore, if the forms are not finished at the time of your visit, we will have to reschedule with you.

Please print out Forms 1-10, complete them and prior to your visit either deliver them, mail them registered mail, or carry them with you to your first appointment. Form 7, "Consent for Release of Medical Records" is to give to other medical facilities to release your records to UT Weight Loss Surgery. Their name goes on the top line. You can fill that in at the clinic.

1st Monday Support Group exists for our patients both preop and postop. Consider joining us, and enjoy the company of individuals going through some of the same unique experiences. Again, thank you for your interest in UT Weight Loss Surgery. We look forward to meeting you.

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