

Dear _____,

You are scheduled for an initial Bariatric Surgery Evaluation and Information Session on _____, **2014**.

This multidisciplinary clinic visit is held off-campus at the Highgate Specialty Center, 5316 Highgate Dr Suite 125, Durham, NC.

You will be seeing three healthcare providers which each incur a co-payment; a portion of this will be expected at the time of this visit.

The check in process **begins** at 7:30 am followed by a brief meeting with our financial counsellor.

The Weight Loss Surgery Information class starts promptly at 8:30 a.m. This one-hour education session includes important information about the types of surgery we perform, risks, and benefits.

You will then meet with a Registered Dietitian as well as a Licensed Psychologist.

You will have lab work performed, it does **not** have to be fasting. This visit lasts up to 4 hours. Please bring a snack and beverage.

Call **919-484-1015** if you will be late or **919 966-8436** if you cannot attend.

Thank you,

The Bariatric Team

