Provider Checklist

In an effort to offer our patients truly standardized care, we would like to ensure that each patient is receiving the same basic information, regardless of which Fill Centers USA provider they are seeing. Please complete this checklist and transfer the information into the "Notes" section of the patient visits. Please provide patients with their "Welcome Kits" only on their "Initial Visit".

Patient Name: **Date:**

Current Height	**Current Weight**
BP	**Pulse**
Needle Size Used: 20g 22g 1" 1.5" 2" 2.75" 3" 3.5"	**Port Location:**
Number of Attempts to access the port: 1 2 3	**Accessibility of Port:** Easy Moderate Difficult
Provided New Patient Consultation: Yes No	**Provided Existing Patient Consultation:** Yes No
Amount of Water Patient Tolerated:	***Recommend Fluoroscopy:** Yes No
No Attempt to Access Port and Reason Why:	**Recommended Supplements:** Protein Multi-Vitamin
Patient Disposition Prior to Leaving Office: Very Satisfied Satisfied Unsatisfied Very unsatisfied	**Lifestyle Guide Welcome Packet given at initial fill?** ☐ *Thorough explanation of the importance of your patient following this guide will enhance success with the band.*
Prescriptions:	
Band Fill: Volume Found Volume Added Total Volume	
***Notes**	