Entered: _ _ / _ _ / 20_ _ (mm dd yy)	Initials: _____	Verified: _ _ / _ _ /20 _ _ (mm dd yy)	Initials: _____

For office use only.

Site of Leak Form – Version: 09/14/2010 FORMV

Patient ID __ __ __ - __ __ __ __ - __ __ (ID)

Form Completion Date __ __ / __ __ / 20__ __ (mm dd yy) (LEAKDAT)

Surgeon certification number: __ __ __ __ __ (CERT)

Surgery Date __ __ / __ __ / 20__ __ (mm dd yy) (SURGDAT)

Directions: Check no or yes for each.

No	Yes		
( )	( )	Gastric pouch staple line	LEAKGPSL
( )	( )	Gastrojejunostomy	LEAKG
( )	( )	Gastric pouch other: (Specify _____)	LEAKGPO/S
( )	( )	Gastric remnant staple line	LEAKGRSL
( )	( )	Gastric remnant other: (Specify _____)	LEAKGRO/S
( )	( )	Jejunojejunostomy	LEAKJ
( )	( )	Small intestine other: (Specify _____)	LEAKSIO/S
( )	( )	Other: (Specify _____)	LEAKOO/S