

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 **LEAKDAT** ____/____/20____
mm dd yy

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** _____)
- () () Jejunojunostomy **LEAKJ**
- () () Small intestine other: (Specify **LEAKSIO/S** _____)
- () () Other: (Specify **LEAKOO/S** _____)