

# THE SURGICAL WEIGHT LOSS CENTER OF HAWAII<sup>SM</sup>

Paul T. Cirangle, MD, FACS – Director  
Kapi'olani Medical Center at Pali Momi  
111 Hekili Street Suite 285  
Kailua, Hawaii 96734  
Office: (808) 561-5511  
Fax: (415) 561-1713



<b>Name:</b>		<b>Email:</b>	
<b>Date of Surgery:</b>			
<b>Height:</b>			
<b>Type of surgery:</b>			
Date & Status (i.e preop)	Weight/BMI	Size	Total Pounds Lost
Tell us a little bit about your story. Please describe your life before surgery, medical problems, why you had the surgery, the procedure you chose to have, and your experience with us (docs, office staff, support groups, availability, etc).			

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**I hereby authorize my surgeon and The Surgical Weight Loss Center of Hawaii to use the following information below in the ways that I specify by typing Yes or No for each item:**

- **My name, personal comments and comments about my surgeon**
  - May appear on HawaiiWeightLoss.com? \_\_\_\_\_
  - May appear in The Surgical Weight Loss Center of HI newsletters? \_\_\_\_\_
  - May appear in Newspaper ads? \_\_\_\_\_
- **All of any photos I provide.**
  - May appear on HawaiiWeightLoss.com? \_\_\_\_\_
  - May appear in The Surgical Weight Loss Center of HI newsletters? \_\_\_\_\_
  - May appear in Newspaper ads? \_\_\_\_\_
- **A photo of me showing just my face**
  - May appear on HawaiiWeightLoss.com? \_\_\_\_\_
  - May appear in The Surgical Weight Loss Center of HI newsletters? \_\_\_\_\_
  - May appear in Newspaper ads? \_\_\_\_\_

**PHOTOS – do you have photos to share?**

If you have them on disk, then please email them to [pcirangle@lapsf.com](mailto:pcirangle@lapsf.com)

If you have any you can mail, please mail them to:

The Surgical Weight Loss Center of Hawaii  
2100 Webster Street #518  
San Francisco, CA 94115  
(808) 561-5511  
Fax (415) 561-1713

[www.HawaiiWeightLoss.com](http://www.HawaiiWeightLoss.com)

*Smaller Scars, Less Pain, Quicker Recovery*