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Written Agreement to Comply with Therapy after Weight Loss Surgery

I have reviewed all the information provided to me by Bay Surgical Specialists about my obesity, the Roux-en-Y Gastric Bypass/Vertical Sleeve Gastrectomy, the strict postoperative dietary program, lifestyle modifications including and not limited to increased exercise.

I also understand that follow-up clinic visits are an important aspect of care to avoid potential complications, and for optimal weight loss.

I have been given an opportunity to ask questions about management of my obesity, alternative forms of treatment, risks of non-treatment, the procedures to be used, and the risks and benefits involved. I believe that I have sufficient information concerning the Roux-en-Y Gastric Bypass/ Vertical Sleeve Gastrectomy.

I agree to comply, to the best of my ability with all therapy and recommendations made by my physicians and healthcare providers and seek care when I need assistance including:

- I affirm that I will be smoke free at least 3 months prior to my surgery.
- I will take vitamins and supplements as directed for the **rest of my life**.
- I will follow the guidelines of the postoperative progressive 8 week diet.
- I will exercise on a regular basis after surgery.
- I will come in for follow-up appointments at 2 weeks, 3months, 6 months, and 12 months and at least every year thereafter.
- I will not get pregnant for at least 1 year after my surgery.

(Signature of Patient)

(Date)

(Signature of Provider)

(Date)

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