

Written Agreement to Comply with Therapy

I have reviewed all the information provided to be by the Shands at the University of Florida Weight Loss Surgery Center about my obesity, the Roux-en-Y Gastric Bypass/Lap-Band, the strict postoperative dietary program, lifestyle modifications including and not limited to increased exercise. I also understand that follow-up clinic visit is 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, risk of non-treatment, the procedures to be used, and the risks and hazards involved. I believe that I have sufficient information concerning the Roux-en-Y Gastric Bypass/Lap-Band surgery.

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

___ I affirm that I will be smoke free at least 4-6 weeks 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 diet.

___ I will exercise on a regular basis after surgery.

___ I will come in for follow-up appointments at 4 weeks, 3months, 6 months, and 12 months and at least every year after.

___ I will not get pregnant for at least 1 year after my surgery.

(Signature of Patient)
Please sign legibly

(Date)

(Signature of Provider)

(Date)