



**WEIGHT LOSS SURGERY PATIENT EDUCATION SEMINAR
ACKNOWLEDGEMENT**

I, (Print Name) _____, acknowledge having attended the education seminar on weight loss surgery. I have received detailed explanations on:

1. My role with weight loss surgery
2. Setting realistic expectations
3. Types of weight loss surgeries
4. Benefits and risks of weight loss surgery
5. Expected weight loss
6. Overview of the diet after weight loss surgery

I am aware that the surgeon and staff are available to me by phone and email to answer questions I may have at any time. I understand that I will be able to discuss my specific medical concerns with the nurse and/or medical assistant and surgeon during my consultation appointment. I am also aware that **Innova Support Group Meetings** are strongly encouraged post-operatively.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____