

FOLLOW-UP COMMITMENT

I understand that follow-up is a crucial part of *success* with any bariatric procedure. Having consulted with the surgeon of my choice, I also understand that proceeding with this surgery I am committing myself to regular follow-up.

Gastric Band

1, 4, 8, and 12 weeks after surgery, every 3 months for the two years and then yearly thereafter. I realize that these follow-up visits may be in addition to any band adjustments that I undergo. I also understand that the band will not work without follow-up and adjustments. My adjustments and/or other further treatments may be delayed until follow-up visits are attended as follow up appointments are different than an adjustment appointment.

Gastric Sleeve

1 and 4 weeks post op and every 3 months months for the first year and then yearly thereafter. I also understand that at anytime I feel I need additional guidance or education I may contact the office to schedule additional follow up appointments.

Gastric Plication

1 and 4 weeks post op and every 3 months for the first year, every 6 months for the second year and then yearly thereafter.

By signing this form I am agreeing to comply with the follow-up schedule set forth by the surgeons and the staff of the Gastric Band Institute.

Signature

Date

Witness

Date