

Continuation of Care

Checklist (please have all of the following before submitting your package of information):

- Initial office visit note
- Procedure note (detailed explanation of your surgery)
- All office visit notes following surgery
- List of adjustments and amount of fluid (*LAP-BAND only*)

Questionnaire (please answer the following questions):

1. What type of surgery did you have?

LAP-BAND

Gastric bypass

2. If you have a LAP-BAND, what type of band do you have (circle one)?

Vanguard

AP Large

AP Standard

10cm

9.75cm

Unsure

3. Please tell us the date of your surgery, your surgeon's name, and the name/location of the facility where you had your surgery: _____

4. Have you been having any problems recently, such as vomiting, acid reflux, or pain? Yes/No (if yes, please explain): _____

5. What was your weight before surgery? _____

6. What is your most current weight? _____

Contact Information:

1. Email: _____

2. Cell Phone: _____

3. Home Phone: _____

4. Work Phone: _____