

UPMC Jameson Bariatric Center

1. Patient self-assessment form will be filled out prior to my appointment or my appointment will be rescheduled. This paperwork is essential in identifying my needs in the Bariatric program.
2. All Physician Supervised diet paperwork must be and will be filled out prior to each class/visit or I will be dismissed from class that evening and must attend another class/visit for that month.
3. Once accepting into the Bariatric program, no monetary refunds will be made regardless of personal decision to drop out of the program.

My signature verifies that I have read and acknowledge the above information.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your cooperation in these matters.

Sincerely,

UPMC Jameson Bariatric Surgery Center