

Patient Name:
Preop Weight:
Ideal Body Weight:

Date of Surgery:
Preop BMI:
Excess Body Weight:

Operation Performed:

Follow Up								
Date								
Current Weight								
Current BMI								
Wt loss to date								
% loss								
Medications								
Band Pre Volume								
Volume Added								
Final Volume								
Labs								
H/H								
Iron								
Albumin								
Vit B12								
Thiamine								
Folate								
Vit D								
Blood Glucose								
Hgb A1C								
TSH								
PTH								
Cholesterol								
Lipid								