

Hamot Bariatric Surgery Center  
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Erie PA 16507  
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www.mylapsurgeon.com

Dear Patient,

This form is to show that you have completed your preoperative education regarding gastric bypass surgery by watching "Dr Ali's Gastric Bypass Consent Visit Video Presentation" located here: [www.mylapsurgeon.com/resourcesVideo.html](http://www.mylapsurgeon.com/resourcesVideo.html).

Please write down any questions that come to your mind and bring them with you when you come to see Dr Ali.

Please print this form, sign at the end and bring it with you.

By signing below, I confirm that I have watched the entire video presentation and understand the information presented in the video.

Please also request a close family member to witness this form.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_