

## University of Nebraska Medical Center Gastric Bypass Bariatric Program

I certify that I attended the University of Nebraska Medical Center Bariatric Surgery Information Session on \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_.

After considering the risks and benefits of the procedure, I want the following operation:

\_\_\_\_\_ Lap-Band®

\_\_\_\_\_ Gastric Bypass – my surgeon will decide about laparoscopic vs. open

I understand that the University of Nebraska Bariatric Surgery program will submit a request using the information I provided and that I am responsible for the accuracy of the information in this packet.

---

Patient Signature

---

Date