

Memorial Bariatric Services requires that those considering surgery do NOT smoke/use nicotine/vape. It is important that you understand that smoking greatly increases your risk for certain complications, including blood clots. Please read and sign below stating that you understand the no-nicotine policy of Memorial Bariatric Services.

Memorial Medical Center offers a program to assist with quitting smoking/vaping. If you are interested, please let us know.

I, _____, agree to not smoke, vape or to quit smoking/vaping. I understand that I am required to be nicotine-free and remain nicotine-free for a period of three (3) months prior to having surgery. If the surgeon or other bariatric team member has reason to suspect I am smoking/vaping/using nicotine, I also may be asked to complete a nicotine test (a blood test to see if there's nicotine in my system). I understand that if I do not follow these rules, the team may remove me entirely from consideration for surgery.

If I choose to wait until a later date to quit nicotine use or vaping, I may be asked to repeat the evaluation process, which will include repeat evaluations with team.

Signature: _____ Date: _____

Quit date: _____