



Marijuana Contract

Memorial Bariatric Services requires that individuals considering surgery do NOT smoke/use marijuana. It is important that you understand that using marijuana greatly increases your risk for certain complications. Please read and sign below stating that you understand the no-marijuana policy of Memorial Bariatric Services.

Memorial Medical Center offers resources to assist with quitting marijuana. If you are interested, please let us know.

I, _____, agree to not use or to quit using marijuana. I understand that I am required to be marijuana-free and remain marijuana-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/using marijuana, I may be asked to complete a drug screen. 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 marijuana use, I may be asked to repeat the evaluation process, which will include repeating evaluations with the team.

Signature: _____ Date: _____

Quit date: _____