

Recommended Vitamin Schedule for Sleeve

Name _____ DOB _____

Meal/ Snack	Time	Vitamin Schedule
Breakfast	_____:_____	500 mg Calcium Citrate
Lunch	_____:_____	(Female Only) <input type="checkbox"/> 500 mg Calcium Citrate
Dinner	_____:_____	500 mg Calcium Citrate
Bedtime	_____:_____	<p>One Bariatric Advantage Multivitamin Ultra Solo</p> <p>60 mg iron + C tablet <input type="checkbox"/> Five days a week (men/post-menopausal female)</p> <p>60 mg iron + C tablet <input type="checkbox"/> Seven days a week (menstruating female)</p> <p>Do not take iron within two hours of any dairy products, calcium supplements, coffee or tea.</p>
Vitamin B12		<input type="checkbox"/> 1,000 mcg (under the tongue) B12 every _____ (day of the week) <input type="checkbox"/> 1,000 mcg IM injection B12 once every month
Other		
Protein Needs		_____ g protein per day = _____ protein shakes per day
Calorie Needs		600–800 calories daily = your goal by one month post-op

Physician signature _____ Date _____