

# Bariatric Surgery Medication Management

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Dear [Patient's Name],

Congratulations on your decision to pursue bariatric surgery! As part of your pre-operative care, it's essential to manage your medications effectively to ensure a successful outcome.

## Medication Review

Please review the following medications:

- Medication 1: \_\_\_\_\_
- Medication 2: \_\_\_\_\_
- Medication 3: \_\_\_\_\_
- Medication 4: \_\_\_\_\_

## Instructions

1. Please bring a list of all current medications to your next appointment.
2. Discuss any over-the-counter medications or supplements you are taking.
3. Report any allergies to medications.

## Follow-Up

Your follow-up appointment is scheduled for: \_\_\_\_\_

If you have any questions or need further assistance, do not hesitate to contact our office at \_\_\_\_\_.

Thank you for your attention to these important matters.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]