REAL Weight Loss Solutions at St. John Detroit Riverview

Medication List

Name of Medication	Why was the medication prescribed?	Dosage	Date Started	Date Discontinued

_____ _____

Patient Signature Date

Update with each patient visit:

One week post-op Date:_____ Patient Initials:_____

One month Post-op Date:_____ Patient Initials:_____

Three month Post-op Date:_____ Patient Initials:_____

Six month Post-op Date:_____ Patient Initials:_____

One year Post-op Date:_____ Patient Initials:_____

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