

VISTA SURGICAL WEIGHT LOSS CENTER  
BINDING OBESITY CONTRACT

1. I agree to eat only to the point of feeling full and satisfied.
2. I agree to avoid frozen, soft melted ice cream, junk food, and high calorie liquids.
3. I agree to have no calories in-between meals. I agree to have set meal times and this is the only time to have calories.
4. I agree to follow my surgeons post op diet plan.
4. I agree to attend support group meetings after the surgery.
5. I agree to seek a counselor or psychiatrist if my physician recommends that I do so.
6. I agree to keep my follow up appointments as recommended by my physician.
7. I agree to utilize my vitamins and calcium supplements for life and to being monitored with blood work and physical exams for life.
8. I agree to exercise three times per week for 20 to 30 minutes beginning 3 weeks after the surgery.

By signing this contract I am acknowledging that I fully understand the above and agree to adhere to all of the above for life.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Physician