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## ACKNOWLEDGMENT

FAMILY NAME: .....  
GIVEN NAME(S): .....  
ADDRESS: .....  
P/CODE: ..... DATE OF BIRTH: .....  
MEDICARE NO. .... REF: .... EXPIRY DATE:.....  
HEALTH FUND: ..... HF NO. ....  
SEX:  M  F  I

Weight and Metabolic Solutions Australia team have advised me that I am to remain within the Brisbane area where I had my operation, for a period of **minimum** one-week post discharge from the hospital.

I have been provided advice in relation to my post operative recovery including but not limited to:-

- Caring for my wounds
- Precautionary measures in gradual increase of activities, which includes driving, straining, stretching, lifting, pulling, pushing, and of strenuous nature etc.
- Strict guideline and compliance to the dietary pathway to achieve minimum risks in my recovery process. I am to enquire with the team prior to any intake of medication or food I may not be sure of.
- In the event that there is an emergency, I must contact Dr Braun and his team to obtain advice and provide an update of my health that may be related to my bariatric surgery.

I, ..... understand that risks and choose to leave the immediate vicinity against advice by Dr. Braun and his team.

.....  
Patient Signature

...../...../.....  
Date