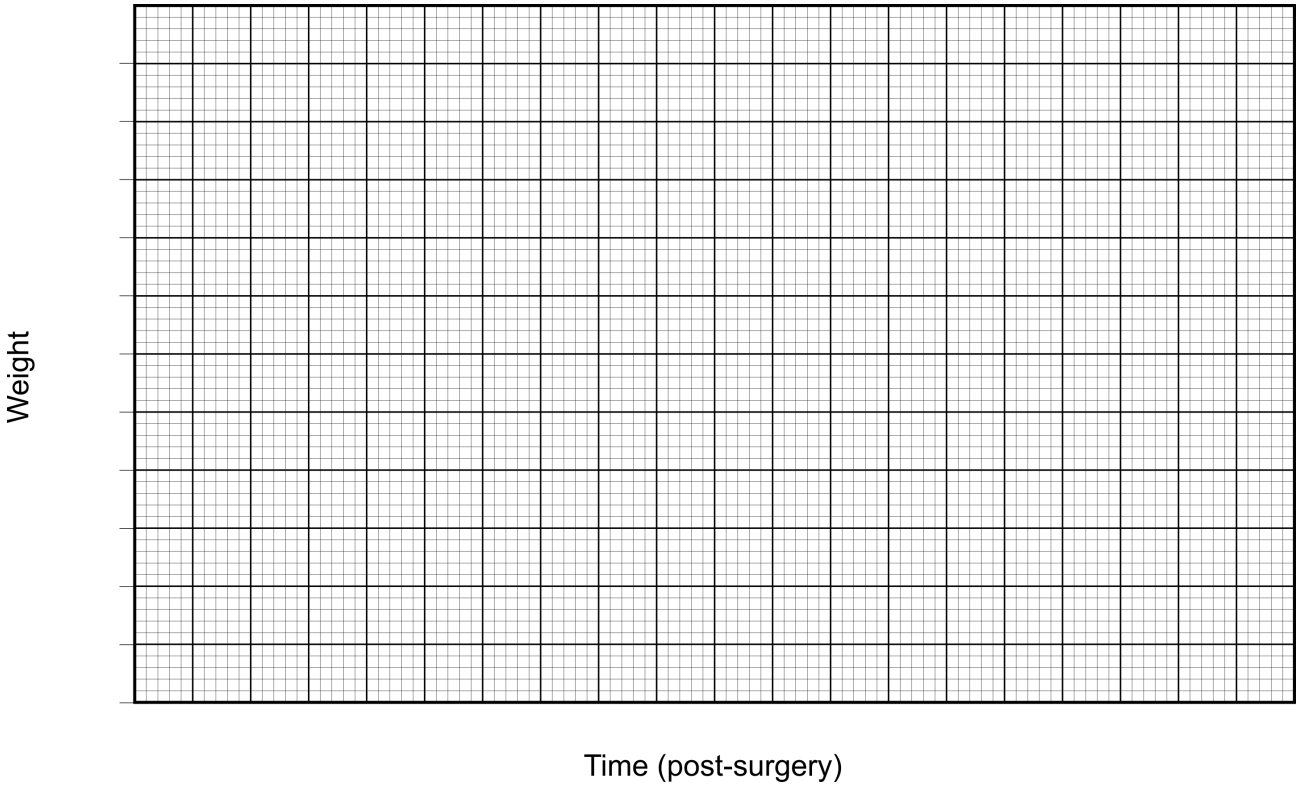
VSG Weight Loss Chart

Patient Name:

ID: Date of Birth:

VSG Surgery Date:

Pre-VSG Weight:



Date	Weight	Comments