Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Procedure: [Insert Type of Bariatric Surgery]

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1. Discharge Medications

Medication Name	Dosage	Frequency	Duration/Notes
[Pain Relief]	[Dose]	[Frequency]	[e.g., As needed for pain]
[Acid Reducer/PPI]	[Dose]	[Frequency]	[e.g., Take for 3 months]
[Anti-Nausea]	[Dose]	[Frequency]	[e.g., Use as needed]
[Blood Thinner]	[Dose]	[Frequency]	[e.g., Finish all injections]

2. Medication Administration Instructions

- **Crush or Liquid:** All pills must be smaller than a pencil eraser. Crush tablets or open capsules if instructed.
- **Avoid NSAIDs:** Do not take Ibuprofen (Advil/Motrin), Aspirin, or Naproxen (Aleve) unless specifically approved.
- **Spacing:** Space out your medications to avoid stomach upset.

3. Vitamin and Supplement Schedule

Start these on [Insert Start Date]:

- **Multivitamin:** [Insert Brand/Type] - [Frequency]
- **Calcium Citrate:** [Dose] - [Frequency] (Separate from Iron by 2 hours)
- **Vitamin B12:** [Dose] - [Frequency]

4. Medications to Stop or Adjust

The following pre-surgery medications should be managed as follows:

- [Medication Name]: [Stop / Continue / Adjust Dose]
- [Medication Name]: [Stop / Continue / Adjust Dose]

5. Emergency Contact Information

If you experience severe vomiting, inability to drink fluids, or extreme pain, contact:

Surgical Clinic: [Insert Phone Number]

After Hours/On-Call: [Insert Phone Number]

Physician Signature: _____