



Bariatric Support Group Email Registration

If you would like to continue to receive information about the support groups, upcoming Methodist Health for Life Center events, changes, and new programs to come. Please complete this form below and return it via mail, drop it off at the Health for Life Center office or bring this form with you to the next support group meeting. The Health for Life Center email list will be built from this form, so please return it as soon as possible.

NAME: _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____

Date of Surgery: _____

Type of surgery: RNY _____ Lap Band _____ Gastric Sleeve _____

Signature: _____