Bariatric Band

Measurement Form - Page 1 of 1

Patient details (Please print in black with CAPITAL letters)

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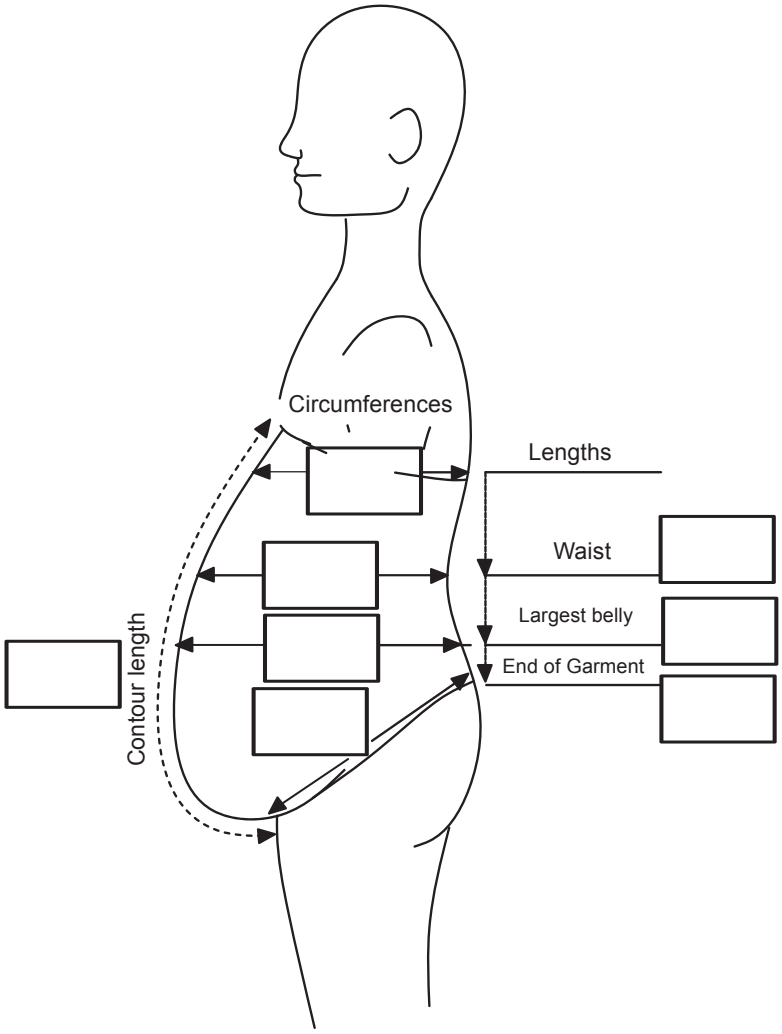
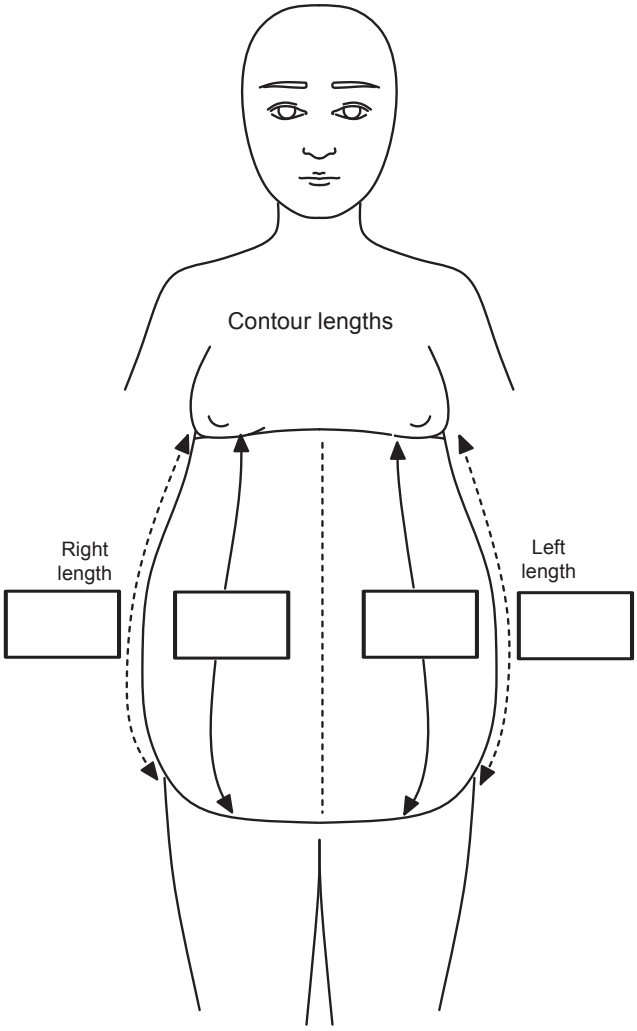
Last name	First name	Date





Additional Measurements/Comments

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