

University of Florida
Weight Loss Surgery Center
Online Educational Seminar – Completion Certificate

Date: _____

Name: _____

Home Phone: _____

Cell Phone: _____

Date of Birth: _____

BMI: _____

Please print and fax this completion certificate to: Bariatric Patient Coordinator, at 352.733.4173. Once received, you will receive a call within two business days to schedule your first appointment.

Thank you for your interest in our program.