



Minimally Invasive Bariatric Surgery –Certificate of Attendance

Name: _____
(print)

Location: Crozer Chester Medical Center

Date: ____/____/____

Time: 5:30pm - 7:30pm [EST]

Facilitator: _____
(Print Name)

The above named person attended the Metabolic and Bariatric Support Group at Crozer Chester Medical center on the above date.

Facilitator Signature: _____