

**McLAREN FLINT**  
**Flint, Michigan**  
**BARIATRIC INSTITUTE**  
**WEIGHT RECORD**

Name: \_\_\_\_\_

<b>Week</b>	<b>Date</b>	<b>Wt.</b>	<b>Lbs. Lost</b>	<b>Comments</b>
1	___/___/___	_____	_____	_____
2	___/___/___	_____	_____	_____
3	___/___/___	_____	_____	_____
4	___/___/___	_____	_____	_____
5	___/___/___	_____	_____	_____
6	___/___/___	_____	_____	_____
7	___/___/___	_____	_____	_____
8	___/___/___	_____	_____	_____
9	___/___/___	_____	_____	_____
10	___/___/___	_____	_____	_____
11	___/___/___	_____	_____	_____
12	___/___/___	_____	_____	_____
13	___/___/___	_____	_____	_____
14	___/___/___	_____	_____	_____
15	___/___/___	_____	_____	_____
16	___/___/___	_____	_____	_____
17	___/___/___	_____	_____	_____
18	___/___/___	_____	_____	_____



*PT.*

*MR.#/P.M.*

*DR.*