

# ADVANCED SURGICAL SOLUTIONS, LLC

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## CERTIFICATE OF COMPLETION OF THE ONLINE EDUCATIONAL SESSION ON WEIGHT LOSS SURGERY

I \_\_\_\_\_ CERTIFY THAT I VIEWED AN  
ONLINE EDUCATIONAL SESSION ON WEIGHT LOSS SURGERY.  
I UNDERSTAND THE MATERIAL OF THE PRESENTATION.  
I HAD THE OPPROTUNITY TO ASK QUESTONS VIA EMAIL AT  
[info@laparosurgery.com](mailto:info@laparosurgery.com).

I understand that this online educational session provide by Dr. Vadim  
Gritsus does not constitute medical advice and is provided for educational  
purposes only.

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Signature

Date

Please bring this form with you to the office when you come for your  
consultation.