

**Vitamin/Mineral Supplementation Post-Surgery**

**Gastric Bypass Nutrition Activity**

List one of the four vitamin/mineral options mentioned in the power point lesson that will be appropriate for post surgery. Please list the recommended dose of the supplement if information was provided.

\*Remember, each vitamin/mineral option may differ in the number of supplements and the number of tablets you take.

Option # \_\_\_\_\_

**Vitamin/Mineral Supplements:**

\_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_ Dose: \_\_\_\_\_

\_\_\_\_\_ Dose: \_\_\_\_\_