

Medical Weight Loss Post Test

a b	n. medication n. meal replacements n. diet	are used?
а	to starting the program, I need to be evaluated by an arrue or False	the physician and exercise specialist?
consecui	rogram meets weekly on Tuesday evenings on the tive weeks. i. True i. False	e Inova Fair Oaks Hospital campus for 12
a b	this is a high protein, low carbohydrate pattern, I r? a. juice b. water c. tea	need to consume at least 64 ounces a day of
а	f pocket expenses may include physician appointn i. True i. False	nent co-pays as well as labs fees.
	watched the Medical Weight Loss program vicement program that requires weekly group app	
Name .		

Please complete this quiz and fax to 703-391-4217 or email to <u>MWLFairOaks@inova.org</u>

This quiz must be received prior to scheduling any program appointments.