

Date

Doctor's Name

Address

City, State, ZIP Code

RE: Patient's Name

DOB:

To Whom It May Concern:

Our office has seen the above named patient for (____) years. (He/She) suffers from the following co-morbidities: (List any diseases related to obesity such as hypertension, diabetes, sleep apnea, degenerative joint disease). (His/Her) current weight is (____lbs.), height: (____), and BMI (____). The patient has undergone the following weight loss attempts: (list any previous attempt, including Weight Watchers, Jenny Craig, Nutri-System, Slim Fast, etc., or any therapies you have prescribed.)

I feel this patient would benefit from weight loss surgery because (he/she) has been unsuccessful losing weight with other diet methods, and (his/her) medical conditions have become life-threatening and will only worsen if (he/she) does not get (his/her) weight under control.

I appreciate your consideration. Contact me for further questions.

Sincerely,

(Physician's Name)