

“SAMPLE DOCTOR’S LETTER”

Date

Doctor’s Name

Address

City, State, Zip Code

RE: Patient’s Name

DOB:

To Whom It May Concern:

The above named patient has been seen by our office 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, or any diseases related to obesity.) (Her/His) current weight is: (____ lbs), height: (____), and BMI: (____). The patient has undergone the following weight loss attempts: (List any previous attempts 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 (her/his) medical conditions will become life threatening if (he/she) does not get (his/her) weight under control.

I appreciate your consideration. Please contact me for further questions.

Sincerely,

(MD Name)