

SAMPLE REFERRAL LETTER

[Date]

Re: [Patient's Name] Letter of Medical Necessity

Dear Dr. [Bariatric Surgeon's Name],

I am referring [patient's name] for evaluation and consideration for a weight management surgical procedure. (S)He currently weighs [# of lbs] pounds and is [# of in.] inches tall. Her/His BMI is [BMI #].


I have been [patient's name]'s primary care physician for the past [#of yrs] years. I have supervised several of her/his weight control diets and programs. None of these have resulted in any sustained weight loss. As a result of this persistent morbid obesity, her/his co-morbid conditions are becoming more difficult to manage. These co-morbid conditions are as follows:

	Duration:	Medication:
1. Hypertension	3 years	Norvasc/Tenormin
2. Diabetes Mellitus	5 years	Glucophage
3. Obesity Related Depression	3 years	Prozac

Losing weight will certainly make these conditions easier to manage. Since non-surgical programs have failed to provide any long-term benefits for the patient, I feel surgery is her/his only option.

I hope you will find [patient's name] a suitable candidate for the surgical weight reduction program. It will provide a tool to assist her/him in losing weight, as well as maintain that weight loss. I anticipate that this will provide her/him with a significantly improved quality of life.

Sincerely,



Dr. [Physician's Name]

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