SAMPLE LETTER GUIDE FOR PRIMARY CARE PHYSICIANS

Dear Dr. _____

I am referring (__patient name__) for evaluation and consideration for a weight management surgical procedure. She/He currently weighs____lbs and is____inches tall. Her/His BMI is_____.

I have been (____patients name____) primary care physician for the past____years. I have supervised several of his/her weight control diets and programs. None of these have resulted in sustained weight loss, As a result of this persistent morbid obesity, his/her co-morbid conditions are becoming more difficult to manage. These co-morbid conditions are as follows:

Co-Morbidity:	Duration:	Medicinal Treatment:
• Hypertension	3 years	Norvasc/Tenormin
• Diabetes Mellitus	5 years	Gloucophage/Insulin
• Obesity related Depression	1 year	Prozac

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

I hope you will find (____patient name____) a suitable candidate for the surgical weight reduction program. It will provide a tool to assist him/her in losing weight, I anticipate that this will provide him/her with a significantly improved quality of life.

Sincerely,

Doctor's signature
Physican's name and date