

MEDICAL REFERRAL LETTER

Date: August 12, 2023

To,
{{ATTN}}
{{ADDRESS}}
{{POSTAL CODE}}
{{COUNTRY}}

Subject: Letter of Medical Necessity

To Whom It May Concern / Dear Dr.,

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.

If you have any questions, please feel free to contact me directly. I will be available on phone: {{T+00000000}} and email: {{email@email.com}} in case of any query.

Looking forward to your reply,

Yours sincerely,

{{NAME}}

{{Signature}}
Dr. {{Physician's Name}}
{{Formal Name + Title}}

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