

SAMPLE

May 30, 2008

To: _____

From: Internal Medicine, Primary Care

Re: _____

DOB: _____

Dear Sir/Ms.

I am Dr. _____, Primary Care Physician, of Mr. _____. He suffers from sleep apnea and acid reflux. The patient also complains of shortness of breath and pain in the joints and back. His current weight is 251, height of 5' 4" and his BMI calculates out to 43.1 and this classifies him as morbidly obese.

He has had a long history battling his weight and has tried and failed multiple diets. Because of his morbid obesity, the health conditions listed above, and a strong family history of diabetes and heart disease, it is medically necessary that Mr. _____ undergo Bariatric Surgery.

If you have any questions regarding this matter please do not hesitate to contact my office.

Sincerely,

Dr. _____

Acceptable Letter of Medical Necessity

**❖ Patient's height, weight and BMI (Body Mass Index)
must be included in the letter**

SAMPLE

May 30, 2008

Re: _____

To Whom It May Concern:

I am Ms. _____, Primary Care Physician. I am referring her for a Gastric Bypass Procedure.

Ms. _____ has been obese for the past 27 years, since the age of eight. She currently weighs 283 pounds, height 5'4" with a BMI of 48.57. Her lowest adult weight has been 220 pounds however she cannot maintain even that weight despite efforts at countless diet and exercise. Her weight has gone up and down all of her life, and she now at her highest weight ever. Ms. _____ suffers from bilateral knee and hip pain, which is most likely due to her clinically severe obesity.

I believe that surgery is the best option for Ms. _____ to not only lose her excess weight, but to be able to maintain that weight loss,

Sincerely,

Dr. _____

Acceptable Letter of Medical Necessity

**❖ Patient's height, weight and BMI (Body Mass Index)
must be included in the letter**