[*Insert Date*]:

Hamilton S. Le, M.D.

3110 SW 89th St.

Suite 200A

Oklahoma City, OK, 73159

RE: [*patient’s name*]

Date of Birth:

To Whom It May Concern:

[patient's name] has been a patient of mine for [*insert number*] years. Patient is [*height*] and weights [*weight*] lbs. Patient has been excessively overweight for some time now and will benefit from Bariatric surgery.

In addition to morbid obesity, the patient is suffering from the following comorbid conditions: *[insert conditions, e.g., exertional dyspnea, urinary incontinence, sleep apnea, hypertension, diabetes, degenerative joint disease, osteoarthritis, hypercholesterolemia, hyperlipidemia, shortness of breath, etc*].

Patient has tried many methods of weight loss including appetite suppressants for [*insert length of time*] with [*insert number of pounds lost and whether they were regained or not*], physician-administered diet plans for [*insert length of time*] and [*insert number of pounds lost and whether they were regained or not*], Weight Watchers, etc. The patient is limited due to his/her comorbidities in their ability to exercise but has tried [*list all attempts and any successes or regaining of weight*].

Family medical history is positive for [*insert medical conditions, e.g. obesity, hypertension, diabetes, hypercholesterolemia, etc*].

I am supportive of this patient’s desire to investigate weight loss surgery. I will also continue to support this patient’s primary care needs should they proceed with surgical intervention. Thank you for your attention in this matter.

Sincerely,

[Name of PCP]