

REFERRING PHYSICIAN
Letter of support for
Bariatric Surgery

Today's Date

Keith Chung, M.D.
711 South Ryan St.
Lake Charles, LA 70601

RE: Patient's name

Dear Dr. Chung,

The purpose of this letter is to refer my patient, J. Doe, to your services for evaluation for possible Bariatric surgery. I fully support his/her decision to undergo this procedure at this time. In my opinion, this is a medically necessary and logical next step for this patient, as he/she has exhausted all other methods of weight-loss with no sustained success.

Currently, Mr./Mrs. Doe is 5'6" and weighs 280 pounds, giving him/her a BMI of 44, which carries a diagnosis of morbid obesity. Furthermore, this patient suffers from GERD, hypertension, depression, sleep apnea, hypoventilation syndrome, skin infections, hyperlipidemia, osteoarthritis, diabetes, (any and all obesity related conditions), which would be greatly improved or eliminated by weight reduction.

Mr./Mrs. Doe has been supervised on multiple diet, medication and exercise regimens for weight loss with to no avail. She is unable to endure strenuous exercise due to the damage already done to her joints by the excess weight. I feel at this time that Bariatric Surgery is a necessary and appropriate procedure for Mr./Mrs. Doe.

Please contact me if I can be of any help with the care of this patient.

Sincerely,

Referring Physician

OBESITY
SURGERY
CENTER
of **L**OUISIANA