



## Sample Letter of Medical Necessity

(Date)

Dear Dr. Caruana/Panemanglore:

I am referring (*patient name*) to you for consideration of gastric bypass surgery for severe obesity. The patient has been morbidly obese for (*at least five*) years and has failed weight loss attempts while under my supervision. See the attached page for the patient's detailed weight loss history.

The patient's history includes co-morbidities of (*diabetes, hypertension, arthritis, backache, sleep apnea, depression, etc. as applicable*). There is no significant liver, kidney, or gastrointestinal disease present; there is no treatable metabolic cause for obesity such as adrenal or thyroid disorder. TSH levels were (*normal, high, low*) upon testing. The patient uses (*list all medications. NOTE: If patient is taking psychotropic medications or has a psychiatric history, a pre-surgical psychological evaluation is required*). There is no history of alcohol or substance abuse.

The patient weighs ( ) pounds and measures ( ) in height. The remainder of the physical examination is unremarkable (*except for \_\_\_\_\_*).

I believe the patient is a good candidate for surgery and would benefit from significant weight loss. I would be happy to see the patient again prior to surgery for medical clearance.

Sincerely,

(Primary Care Physician)

*Please call if you need assistance. We appreciate your cooperation. Thank you.*