

# Eligibility Criteria for Bariatric Surgery

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

We are pleased to inform you about the eligibility criteria for bariatric surgery, which you may find beneficial in your pursuit of weight loss. Please review the following criteria:

## Eligibility Criteria

- Age: Must be between 18 and 65 years old.
- Body Mass Index (BMI): A BMI of 40 or greater, or a BMI of 35 or greater with obesity-related health conditions.
- Previous Weight Loss Attempts: Documented evidence of previous attempts to lose weight through diet, exercise, or medication.
- Health Conditions: Must have obesity-related health issues such as type 2 diabetes, hypertension, or sleep apnea.
- Commitment: Ability to commit to lifestyle changes, including dietary modifications and regular physical activity post-surgery.

If you meet the above criteria and wish to proceed, please contact our office to schedule an appointment for a comprehensive evaluation.

Thank you for considering this important step in your health journey.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Clinic/Hospital Name]

[Insert Contact Information]