

Authorization Letter for Gastric Bypass Surgery Consultation

Date: [Insert Date]

[Recipient Name]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

I, [Your Name], am writing to authorize a consultation for gastric bypass surgery on behalf of my [relation, e.g., spouse, child], [Patient's Name], who has been experiencing [brief description of medical condition].

We believe that a consultation with [Doctor's Name] at [Hospital/Clinic Name] is necessary to discuss the options available and to assess suitability for the procedure.

Please find enclosed relevant medical records and documentation to assist in the evaluation process.

Thank you for your attention to this matter. Should you need any further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]