

# Inquiry for Bariatric Surgery Consultation

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Doctor's Name]  
[Clinic or Hospital Name]  
[Clinic or Hospital Address]  
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this message finds you well. My name is [Your Name], and I am interested in learning more about bariatric surgery options available at your facility. I have been considering this procedure due to [briefly explain your reasons, e.g., health concerns, weight management challenges].

I would like to inquire about the process for scheduling a consultation, including any prerequisites or assessments needed prior to the appointment. Additionally, I would appreciate information regarding the types of bariatric surgeries offered, expected outcomes, and any other relevant details.

Thank you for your time and assistance. I look forward to your response.

Sincerely,

[Your Name]