

Pre-Consultation Request

Date: [Insert Date]

To: [Surgeon's Name]

[Medical Center/Hospital Name]

[Address]

Dear [Surgeon's Name],

I hope this message finds you well. My name is [Your Name], and I am writing to request a pre-consultation for gastric bypass surgery. After extensive research and consideration of my health challenges related to obesity, I have determined that this procedure may be a beneficial option for improving my overall health and quality of life.

To provide some context, I have been struggling with my weight for [duration], and I have tried various methods including [list methods]. Unfortunately, these methods have not resulted in significant long-term success.

I would appreciate the opportunity to discuss my medical history, weight loss goals, and any preparatory steps needed for a potential surgical procedure. I am keen to learn more about the risks, benefits, and post-operative care associated with gastric bypass surgery.

Please let me know if I can provide any additional information or if there are specific forms I need to complete prior to scheduling the consultation. Thank you very much for considering my request. I look forward to your response.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]