

# Letter of Request for Gastric Bypass Surgery Evaluation

Date: [Insert Date]

To: [Doctor's Name]

[Doctor's Office/Clinic Name]

[Address]

[City, State, ZIP Code]

Dear [Doctor's Name],

I hope this letter finds you well. My name is [Your Name], and I am writing to formally request an evaluation for gastric bypass surgery. I have been struggling with my weight for [number of years] years and have attempted various methods for weight loss, including diet and exercise, but have not achieved sustainable results.

My current weight is [Your Weight] and my height is [Your Height], which places my BMI at [Your BMI]. I have also experienced associated health issues, including [list any related health conditions, e.g., diabetes, hypertension], which further motivate my desire to pursue surgical options.

I would greatly appreciate the opportunity to discuss my situation in more detail and explore whether I would be a suitable candidate for gastric bypass surgery. Please let me know a convenient time for you to meet. Thank you for considering my request.

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]