

Referral for Online Weight Management Program

Date: _____

To Whom It May Concern,

I am writing to refer my patient, **[Patient's Name]**, to your online weight management program. **[He/She/They]** has been struggling with weight management and has shown a strong desire to achieve a healthier lifestyle.

During our consultations, we discussed various aspects of **[his/her/their]** health, and I believe that your program is well-suited to support **[his/her/their]** goals. **[Patient's Name]** has demonstrated commitment and motivation to make sustainable changes in **[his/her/their]** diet and exercise routine.

I am confident that participating in your online program will provide **[Patient's Name]** with the necessary tools, guidance, and support to succeed in **[his/her/their]** weight management journey.

Thank you for considering this referral. Please feel free to contact me at **[Your Phone Number]** or **[Your Email Address]** if you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Medical Practice/Organization]

[Your Contact Information]