

Referral for Weight Loss Surgery Consultation

Date: [Insert Date]

To: [Surgeon's Name]

Address: [Surgeon's Office Address]

Dear [Surgeon's Name],

I am writing to refer my patient, [Patient's Full Name], who is seeking evaluation and consultation for weight loss surgery. [Patient's Name] is a [patient's age]-year-old [patient's gender] with a medical history significant for [list relevant medical conditions, if any].

Despite multiple attempts at weight loss through diet, exercise, and medication, [he/she/they] has struggled to achieve and maintain a healthy weight. [Patient's Name] has a BMI of [insert BMI], which classifies [him/her/them] as [obese/severely obese].

I believe that a surgical intervention is warranted to help [Patient's Name] achieve a healthier lifestyle and improve [his/her/their] overall health status. I recommend a thorough evaluation for bariatric surgery options.

Thank you for considering this referral. Please feel free to contact me at [your phone number] or [your email address] should you require any further information regarding [Patient's Name]'s medical history or treatment progress.

Sincerely,

[Your Full Name]

[Your Title]

[Your Clinic/Hospital Name]

[Your Contact Information]