

January 28, 2014

Hamilton S. Le, M.D.
3433 NW 56th St.
Building B, Suite 970
Oklahoma City, OK 73112

RE: *[patient's name]*
Date of Birth:

To Whom It May Concern:

[Patient's Name] has been a patient of mine for *[insert number]* years. Patient is *[height]* and weighs *[weight]* lbs. Patient has been excessively overweight for some time now and will benefit from Bariatric surgery.

In addition to morbid obesity, the patient is suffering from the following comorbid conditions: *[insert conditions, e.g., exertional dyspnea, urinary incontinence, sleep apnea, hypertension, diabetes, degenerative joint disease, osteoarthritis, hypercholesterolemia, hyperlipidemia, shortness of breath, etc].*

Patient has tried many methods of weight loss including appetite suppressants for *[insert length of time]* with *[insert number of pounds lost and whether they were regained or not]*, physician-administered diet plans for *[insert length of time]* and *[insert number of pounds lost and whether they were regained or not]*, Weight Watchers, etc. The patient is limited due to her comorbidities in her ability to exercise but has tried *[list all attempts and any successes or regaining of weight]*.

Family medical history is positive for *[insert medical conditions, e.g. obesity, hypertension, diabetes, hypercholesterolemia, etc]*.

I am supportive of this patient's desire to investigate weight loss surgery. I will also continue to support this patient's primary care needs should they proceed with surgical intervention. Thank you for your attention in this matter.

Sincerely,

[Name of PCP]