

Patient Name:
DOB:

Primary Care Physician:
Phone:
Fax:

"To Whom It May Concern"

The above-named patient has been evaluated and is recommended and cleared from a Primary Care Physician 's standpoint for Bariatric surgery. The patient has been unsuccessful with medical treatment of obesity. I believe that Bariatric Surgery is a good option for treatment of this patient's co-morbid conditions.

Below is a list of some of the medical treatments that have been tried and failed.

- | | |
|-----------------------|---|
| _____ Weight Watchers | _____ Keto |
| _____ Jenny Craig | _____ Intermittent Fasting |
| _____ Atkins Diet | _____ Grapefruit Diet |
| _____ Nutri/System | _____ Pharmacologic Agents for Treatment of Obesity |

Individually Formulated Plans _____

Exercise Based Plans _____

Provider Signature:

Date: