

SAMPLE LETTER OF MEDICAL NECESSITY FOR BARIATRIC SURGERY from the Fake Office of Dr. Sample McSampleton (REFERENCE ONLY)

Date: _____

Dr. Dang Tuan Pham and Dr. John D. Rutkoski
2625 Harlem Rd, Suite 160
Buffalo, New York 14225

RE: _____ (Patient Name)

DOB: _____

Dear Drs. Pham & Rutkoski,

I am referring my patient _____ to you for consideration of weight loss surgery for severe obesity. The patient has been struggling with obesity for greater than 5 years. His/Her attempts at weight loss while under my supervision have not yield long-term success despite numerous counseling attempts at his/her office visits.

The patient's history includes co-morbidities of _____
_____ (i.e. CAD, HTN, DM, hyperlipidemia, sleep apnea, obesity related hyperventilation.) There is no significant liver kidney, or gastrointestinal disease present; there is no treatable metabolic cause for obesity such as adrenal or thyroid disorder. TSH levels are normal upon testing. Current medications are as follows:

There is no history of ongoing alcohol or drug abuse.

The patient weighs _____ pounds and measures _____ in height. The patient is clear to proceed with bariatric surgery from a cardiac and/or pulmonary standpoint. The remainder of the physical exam is unremarkable.

I believe the patient is a good candidate for surgery and would benefit from significant weight loss. I would be happy to see the patient again prior to surgery for medical clearance.

Sincerely,

Sample McSampleton

THIS IS A SAMPLE LETTER FOR YOUR REFERENCE ONLY. THE LETTER IS SUBMITTED TO THE PATIENT'S INSURANCE COMPANY **MUST NOT JUST BE THIS FORM WITH THE BLANKS FILLED IN, EVEN IF YOUR DOCTOR'S NAME REALLY IS DR. SAMPLE MCSAMPLETON. YOU MAY WANT TO SAVE YOUR OWN TEMPLATE FOR FUTURE USE.**