

Regarding:

Patient Name: _____

DOB: _____

This letter is in regards to the above patient who has been unsuccessful with non-surgical weight loss attempts. The patient has had a complete medical evaluation and has been counseled on the risks associated with bariatric surgery.

The patient's expectations for the outcome of weight loss surgery are realistic. The patient has been advised that lifestyle changes will be required including diet, regular exercise, supplementation, and follow-up. I feel confident that the patient will be compliant with the post-operative recommendations.

PCP Signature: _____

PCP Address: _____

