

Date: [Date]

To: [Bariatric Surgeon Name/Program Name]
Department of Bariatric Surgery
[Facility Name]
[Address]

RE: Endocrinology Bariatric Surgery Candidacy Evaluation

Patient Name: [Patient Name]
Date of Birth: [DOB]
Insurance ID: [Insurance ID]

Dear Dr. [Surgeon Last Name],

I am writing to formally refer [Patient Name] for bariatric surgery evaluation. The patient has been under my care for the management of [Conditions, e.g., Type 2 Diabetes, Obesity, Hypothyroidism, PCOS].

Clinical Assessment:

Current BMI: [BMI] kg/m
Weight: [Weight] [kg/lbs]

Endocrine & Metabolic History:

[Patient Name] has a history of [Duration] of clinical obesity. We have attempted conservative management including [Nutritional Counseling, Pharmacotherapy, Lifestyle Modifications] with insufficient long-term success. Metabolic comorbidities include:

- [Comorbidity 1, e.g., T2DM with current HbA1c of X%]
- [Comorbidity 2, e.g., Obstructive Sleep Apnea]
- [Comorbidity 3, e.g., Hypertension/Dyslipidemia]

Candidacy Statement:

From an endocrinology perspective, the patient's metabolic conditions are currently [Stable/Optimized] for surgery. I have ruled out secondary endocrine causes of obesity (such as Cushing's Syndrome or untreated Hypothyroidism) that would contraindicate surgical intervention. I believe the patient is a suitable candidate and will benefit significantly from the metabolic improvements associated with bariatric surgery.

Post-Operative Plan:

I will continue to co-manage the patient's endocrine medications post-operatively, with particular attention to titrating insulin/hypoglycemic agents and monitoring for potential micronutrient deficiencies.

Please find the most recent laboratory results and clinical notes attached. Feel free to contact my office at [Phone Number] if further information is required.

Sincerely,

[Doctor Signature]

[Doctor Name, MD/DO]

[Department of Endocrinology]

[Facility Name]