

[Date]

[Bariatric Surgeon Name]  
[Bariatric Surgery Center Name]  
[Address]  
[City, State, Zip Code]

**RE: Referral for Bariatric Surgery Evaluation**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Insurance ID:** [Insurance Number]

Dear [Surgeon Name/Bariatric Team],

I am writing to formally refer my patient, [Patient Name], for a comprehensive bariatric surgical evaluation. [Patient Name] has a current BMI of [BMI Number] and a weight of [Weight] lbs.

The patient has been under my care for [Number] years and has been diagnosed with the following obesity-related comorbidities:

- [Comorbidity 1, e.g., Type 2 Diabetes]
- [Comorbidity 2, e.g., Obstructive Sleep Apnea]
- [Comorbidity 3, e.g., Hypertension]

Despite numerous supervised attempts at weight loss through diet, exercise, and pharmacological intervention, the patient has been unable to achieve or maintain a healthy weight. I believe that bariatric surgery is a medically necessary intervention to reduce the risk of further health complications and improve the patient's quality of life.

I have discussed the risks and benefits of the procedure with the patient, and they are highly motivated to proceed with the program. Attached please find the patient's recent lab results and relevant medical records.

Please contact my office at [Phone Number] if you require any additional documentation.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]  
[Practice Name]  
[Address]  
[Phone Number]