

Primary Care Physician Referral Letter

*Referring physician: Please complete this letter and then fax to
Dr. Johnny Perez at 985-447-2329*

Date: _____

Dr. Johnny Perez
Thibodaux Regional MOB
604 North Acadia Road, Suite 406
Thibodaux, LA 70301

RE: Patient Name: _____

Dear Dr. Perez,

The above stated patient has been under my care for _____ years and has a current BMI of _____. This patient suffers from morbid obesity complicated by associated co-morbidities as follows: *(Please circle all that apply)*

- *Obstructive sleep apnea Hypertension Hyperlipidemia GERD*
- *Hypercholesterolemia Degenerative Arthritis Stress Incontinence*
- *Diabetes: (Type: _____) Cardio respiratory Compromise: _____*
- *Other: _____*

Due to weight, these conditions are becoming progressively less manageable or unmanageable through medicine alone. The patient has tried numerous times to lose weight on my recommendation without any success for the last _____ years.

Methods include: *Please document dates and methods, especially recent efforts. (6 months to 1 year)*
(diets, exercise programs where appropriate, pharmacotherapy)

It is in my opinion that weight loss surgery is medically necessary as the only option to effectively treat this morbid obesity and its associated co-morbidities, which cannot be effectively managed without weight reduction.

Sincerely,

MD Signature

Printed Name

Date