

# PRIMARY CARE PHYSICIAN REFERRAL LETTER

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

**Date:** \_\_\_\_\_

Dr. Johnny Perez  
Thibodaux Regional Medical Office Building  
604 N. Acadia Road, Suite 406  
Thibodaux, LA 70301

**RE: Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**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, pharmacology)*

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It is 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,

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**MD SIGNATURE**

**Printed Name**

**Date**