

Sample Weight Loss History Letter

_____ is a patient of mine who has been suffering for a long time with morbid obesity. He/She has failed to lose weight despite numerous diet regimes. Below is his/her diet history:

Diet Program	Dates	Length of time on Program	Weight Loss	Weight Re-gain
Weight Watchers	2/03-6/03	5 mos	20 lbs.	30 lbs.
SlimFast	6/03-9/03	3 mos	10 lbs.	
Meds:				
Xenical	2/04-6/04	4 mos	5 lbs.	12 lbs.
Meridia	6/04-Present	6 mos	15 lbs.	
Other:				
Nutritionist	6/04-present	6 mos	15 lbs.	

I am recommending _____ for weight loss surgery. In my opinion it is the only way that he/she will be able to lose weight and enjoy a normal life. He/She is highly motivated and is a good candidate for the procedure.

Thank you for your help in this matter.

Sincerely,

_____, MD

Please be aware that most insurance carriers require written documentation of attempted weight loss over a 2-year period from your PCP. **Your last attempt needs to have been focused on one program for 26 consecutive weeks, followed by office notes documenting your weight in order for your carrier to pre-certify you for surgery.** If you are not currently on a program, please consult with your PCP or speak with our nutritionist.