

SAMPLE LETTER

Ideally, print on doctors letterhead.

Date:

Doctor's Name:

Address & Contact Information

RE: Patients Name

DOB:

To Whom It May Concern:

Our office has seen the above-named patient for ___ years. (He/She) suffers from the following comorbidities: (List any diseases related to obesity, such as hypertension, diabetes, sleep apnea, degenerative joint disease, etc.) (His/Her) current weight is _____ lbs, and BMI is _____.

I feel this patient would benefit from weight loss coaching because (he/she) has been unsuccessful losing weight alone. (His/Her) medical conditions will become life-threatening if (he/she) does not get help getting (his/her) weight under control.

Sincerely,
(Physician's Signature)