

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 for 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 PCOS Infertility Hirsutism
- 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. (6months to 1 year) (diets, exercise programs where appropriate, pharmacology)*

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,

MD Signature

Printed Name

Date