Physician(s) Letter of Recommendation for Bariatric Surgery

Calvin A. Selwyn, Jr., MD
Ministry Medical Group
Department of Surgery - Bariatric
824 Illinois Avenue
Stevens Point, WI 54481

RE: ______________________ (Patient Name)

Dear Dr. Selwyn:

I have been caring for ______________________ for ________ (length of time). He/She has struggled with multiple attempts at weight loss by diet and exercise, such as ___________________________ (include examples).

His/Her height is _________ and current weight is __________ which gives him/her a BMI of ________.

He/She has the following comorbidities strongly associated with morbid obesity which I feel will only be resolved by undergoing weight loss surgery.

1. ______________________
2. ______________________
3. ______________________

(Please include any other relevant information that you deem necessary)

I am writing this letter in full support of weight reduction surgery for this patient.

Very truly yours,

__________________________, MD

This is the minimum information required from your family, primary care, or internal medicine physician. In addition, physician letters from any specialty areas such as your obstetrician/gynecologist, orthopedist, endocrinologist or cardiologist would be helpful.
Qualifications for Surgery

For a patient to qualify for surgery, patient must have the following:

- BMI $\geq 35$ with at least one comorbidity
- BMI $\geq 40$ with or without any comorbidity

Examples of comorbidities include:

- Coronary Artery Disease
- Sleep Apnea
- Diabetes Mellitus II
- Hypertension
- Depression
- Degenerative Joint Disease (Knee, Back, Hips)
- Lower Extremity Edema, chronic swelling
- Urinary Incontinence
- Gastroesophageal Reflux Disease

Thank you.

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