



WESTERN BARIATRIC  
INSTITUTE

**SAMPLE DOCTOR REFERRAL LETTER—This is only a sample if you need one. Most offices have their own referral template.**

**FAX TO: Patient Advocate at 775-789-9210 or call our office at 775-326-9152.**

[Your Letterhead here]

October 30, 2012

Western Bariatric Institute  
645 North Arlington Ave, Ste 525  
Reno, NV 89503

RE: [Patient Name]

SUBJECT: [Gastric Bypass or Gastric Banding or other]

To Whom It May Concern:

I am recommending that [patient name] be considered for the following surgical procedure:

\_\_\_\_\_ Gastric Banding

\_\_\_\_\_ Gastric Bypass

I feel that [patient name] is a good surgical candidate and is highly motivated for this procedure. The patient has tried multiple other weight loss strategies without significant long-term success.

Please be aware that my patient suffers from the following co-morbidities:

[Check any that apply]

Arthritis	Heart Problems	Pancreas Disease
Asthma	High Blood Pressure	Peptic Ulcer
Back Pain	High Cholesterol	Reflux
COPD	High Deep Vein	Shortness of Breath
Degenerative Joint Disease	High Triglycerides	Sleep Apnea
Depression	Irregular Periods	Stroke
Diabetes	Polycystic Ovarian Syndrome	Thyroid Problems
Headaches	Liver Disease	Urinary Incontinence
<b><i>Others:</i></b>		

I will be supporting this patient for this procedure and will be available with you in the follow-up care after surgery. Sincerely