# SAMPLE

MM/DD/YYYY

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: Internal Medicine, Primary Care

Re: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Ms.

I am Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_, Primary Care Physician of Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I am referring her for a diet plan called Metabolic Balance®.

Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been obese for the past \_\_\_\_\_ years, since the age of \_\_\_\_\_. She currently weighs \_\_\_\_\_ pounds, height \_\_\_\_\_ with a BMI of \_\_\_\_\_. Her lowest adult weight has been \_\_\_\_\_ pounds however she cannot maintain that despite efforts at countless diets and exercise. weight has been a concern for years and is at an unhealthy level. Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ also suffers from \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, which is most likely due to obesity.

I believe Metabolic Balance® is the best option for Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to not only lose excess weight, but to be able to maintain weight loss. If you have any questions regarding this matter please do not hesitate to call my office.

Sincerely,

Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# letter of medical necessity must include patient’s height, weight and bmi (body mass index)