



David C. Treen, Jr., MD, FACS
Peter Lundberg, MD, FACS
Vaughn E. Nossaman, MD
Michelle M. Treen, RN
Nurse Coordinator

Letter of Recommendation Request

Patient Name: _____

Date of Birth: _____

The above-named patient is in the process of proving medical necessity for bariatric surgery. I, as his or her Physician, feel the patient would benefit from the laparoscopic vertical gastric sleeve or Gastric Bypass with Dr. David Treen, Dr. Peter Lundberg or Dr. Vaughn Nossaman. The patient has been suffering from morbid obesity for multiple years. They have demonstrated numerous diet attempts without long term success.

Their current height is _____, weight _____, and BMI of _____. The patient also has the following obesity related co-morbidities:

- Type 2 Diabetes
- Sleep Apnea
- Hypertension
- Hypercholesterolemia
- Hypertriglyceridemia
- Asthma
- G.E.R.D
- Cardiovascular Disease
- Other _____

Physicians Name (Please Print): _____

Physicians Signature: _____

Date: _____