



This form serves as a letter of medical necessity for the referenced patient in the management and treatment for obesity with other health consequences and co-morbidities. I feel the following are accurate with respect to the referenced patient engaging in a comprehensive weight loss and nutritional education program:

The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability related to clinical obesity.

The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of clinical obesity.

### PATIENT INFORMATION

#### FILLED OUT BY PATIENT

Patient Name:

Address:

City/State/Zip:

Sex:

DOB:

SSN:

Physician:

Phone:

Fax:

#### FILLED OUT BY PHYSICIAN

Date:

Height:

BMI Classification:

Weight:

Normal (18.5-24.9)

BMI:

Overweight (25.0-29.9)

Obese (30.0-39.9)

Morbidly Obese (40.0+)

Additional Diagnosis of Consequence in Referral to Comprehensive Weight Management Program  
(Check all that apply)

Type 2 Diabetes

Mixed Hyperlipidemia

Impaired Glucose Tolerance

Sleep Apnea

Congestive Heart Failure

Coronary Atherosclerosis

Hypertension

Hypercholesterolemia

Other (please list):

Hypertriglyceridemia

Coronary Atherosclerosis

Physician Comments:

Signature:

Date: