# SAMPLE

MM/DD/YYYY

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

From: Internal Medicine, Primary Care

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

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

Dear Sir/Ms.

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

I am referring him for a diet called Plan Z (www.planzdiet.com).

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

I believe Plan Z is the best option for Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to not only lose his excess weight, but to be able to maintain his 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)