

Dear Primary Care Provider:

Thank you for taking the time to evaluate this patient for bariatric surgery. It is important to us that the primary care providers of our surgical patients are involved at all stages of this process. We ask you to please write a letter discussing the following things:

1. Your patient's history of weight loss attempts including diets, medications, exercise and lifestyle interventions.
2. The length of time your patient has been morbidly obese and length of time attempting to lose weight.
3. Summary of your patient's medical and surgical history and any other pertinent information.
4. Two years of documentation of dates and weights.

Sincerely,

Dr. Sayeed Ikramuddin, Dr. Todd Kellogg, Dr. Daniel Leslie, and Dr. Rafael Andrade
Minimally Invasive Weight Loss Surgery Center
University of Minnesota Medical Center, Fairview
Section of Gastrointestinal Surgery
Department of Surgery
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Please fax the evaluation to 612-625-3206