

{Physician Name}  
{Physician Office Address}  
{Physician Phone Number}

Patient's Name: {\_\_\_\_\_}

Patient's Address: {\_\_\_\_\_}

### Letter of Medical Necessity

Date: {\_\_\_\_\_}

To Whom It May Concern:

The above-named patient has undergone a {\_\_\_\_\_} procedure and will therefore be required to use nutritional protein supplements on an on-going basis throughout their life.

After reviewing numerous other products, we have determined NutrePRO is the best source of protein for this patient. It is the only product that can provide the necessary protein concentration suitable to our patient. NutrePRO removes the Carbohydrates, Fats, Sugars, and Inconvenience Factors, all of which contribute to obesity.

This patient will also be required to take the following products to contribute to the lifetime maintenance following bariatric surgery:

\*Bariatric Multivitamins

\*Calcium Citrate

\*Vitamin B12

\*Vitamin D

\*Iron

The patient is required to follow up with our registered dietician following surgery as a routine visit for continued education and support. The patient will be required to exercise regularly on a routine basis, which may include having a gym membership. The patient is recommended to follow up care for continued evaluation on a 2-week, 1-month, 3-month, 6-month, 9-month, 12-month and then yearly basis following surgery.

If you have any questions or concerns, please feel free to contact our office directly at (\_\_\_\_) \_\_\_\_ - \_\_\_\_.

Sincerely,