WITS & weights
NUTRITION & HEALTH COACHING

1772 Poquonock Ave #222
Poquonock, CT 06095
philip@witsandweights.com

Date: _____

To whom it may concern:

Ms/Mr. _____ has been a patient of mine for _____ years. The patient would benefit from, and requires, additional weight loss counseling/coaching to improve their medical prognosis and is a necessity for chronic weight management. The level of intervention required is best undertaken under the guise of professionals who specialize in this area.

In my professional opinion weight loss counseling/coaching is medically necessary and is an appropriate intervention choice for my patients at this time. I am respectfully requesting approval for loss counseling/coaching for my patient.

Sincerely,

Physician Name _____

Physician Signature _____

Date _____