OPTIFAST® VERY LOW CALORIE DIET

Medical Practitioner Referral Letter

Dear Dr/Mr/Mrs/Ms _____ I have commenced _____

on the OPTIFAST VLCD Program Program Level to assist weight loss, and improve health outcomes.

Patient details:

Age: _____ Height (cm): _____ BMI (kg/m^2): _____

Weight (kg): _____ Gender: Male ☐ Female ☐ Other: _____

This patient presents with:

- ☐ Diabetes
- ☐ Cardiovascular disease
- ☐ Renal disease
- ☐ Porphyria
- ☐ Pancreatitis
- ☐ Liver disease
- ☐ Mental health
- ☐ Cholelithiasis
- ☐ Gout

Other (please specify):

_____

This patient is on the following medications that will need monitoring throughout the OPTIFAST VLCD Program:

- ☐ Insulin
- ☐ Sulphonylureas
- ☐ Cholesterol lowering agents
- ☐ Anti-hypertensives
- ☐ Diuretics
- ☐ Anticoagulants
- ☐ Digoxin
- ☐ Lithium
- ☐ Anticonvulsants
- ☐ Corticosteroids

Other (please specify):

_____

Patient goals and program outline:

Goal Weight: _____ Goal BMI: _____

OPTIFAST VLCD Program Recommendation:

_____

Please perform baseline measures on the following:

- ☐ Electrolytes / creatinine
- ☐ Liver function tests
- ☐ Fasting glucose
- ☐ Cholesterol / triglycerides / HDL
- ☐ Uric acid
- ☐ Full blood count
- ☐ Iron studies
- ☐ Vitamin D (25-OH vitamin D)
- ☐ Thyroid stimulating hormone

Signed: ..... Date: _____

(Print and sign or insert signature using Acrobat Fill & Sign tool)

Name: _____ Email: _____

For further information on the OPTIFAST VLCD Program please refer to the Clinical Protocol and Management of Complex Cases available at **optifast.com.au/.com.au/resources/**

OPTIFAST VLCD is a food for special medical purposes. It is for the dietary management of obesity and must be used under medical supervision. Speak to your healthcare professional to find out if the OPTIFAST VLCD Program is suitable for you.

Information for healthcare professional use only.

Nestlé HealthScience