

Type school and address here

Dear Dr. _____

Your patient, _____, _____, is participating in
the *Back in Whack for Teens Program [BiW4Teens]*. This is an online pediatric weight
management program that helps preteens/teens adopt healthy eating and lifestyle habits,
and achieve a healthier weight (lower BMI). Your patient enrolled in this program after
receiving the following health screening results on (Date): _____

WT _____ HT _____ BMI _____ BP _____

I have been monitoring your patient's measurements as they work through the program
materials. Your patient is currently working on adopting the following healthy habits:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

If you would like more information about the BiW4Teens program, you can go to
<https://PositivePartners4Life.com/biw-10>.

School Nurse Signature: _____ Date: _____