

Date: [Date]

To: [Specialist Name/Clinic Name]

Department: [e.g., Podiatry / Vascular Surgery / Wound Care]

Address: [Specialist Address]

RE: Referral for Diabetic Foot Ulcer Evaluation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Insurance: [Insurance Provider & ID Number]

Dear Dr. [Specialist Last Name],

I am referring this patient to your care for a comprehensive evaluation and management of a diabetic foot ulcer. The patient has a history of [Type 1/Type 2] Diabetes Mellitus, with a current HbA1c of [Value]%.

Clinical Findings:

- **Location of Ulcer:** [e.g., Plantar aspect of right first metatarsal head]
- **Duration:** [e.g., 3 weeks]
- **Appearance:** [e.g., Size, depth, presence of drainage or necrotic tissue]
- **Associated Symptoms:** [e.g., Peripheral neuropathy, decreased pulses, signs of infection]

Current Treatment:

The patient is currently being managed with [e.g., off-loading, local debridement, specific dressings, or antibiotics].

Request:

Please provide an expert assessment regarding wound staging, vascular status, and a specialized treatment plan to prevent further complications or amputation.

Relevant medical records and recent lab results are attached for your review.

Thank you for your assistance in the care of this patient.

Sincerely,

[Your Name/Signature]

[Your Title/Practice Name]

[Phone Number]

[Fax Number]