

Date: [Insert Date]

To: [Recipient Name/Specialist Name]

Department: [e.g., Podiatry / Vascular Surgery / Infectious Disease]

Facility: [Recipient Institution Name]

RE: Patient Referral for Diabetic Foot Infection Treatment

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear [Recipient Name],

I am referring this patient for urgent evaluation and management of a diabetic foot infection involving the [Right/Left] [Specific Location, e.g., Great Toe/Heel].

Clinical Presentation:

The patient presented on [Date] with the following symptoms: [e.g., redness, swelling, warmth, purulent drainage, or fever]. The ulcer/wound measures [Dimensions] and is currently graded as [e.g., Wagner Grade or UT Classification].

Medical History:

- Diabetes Type: [Type 1 / Type 2]
- Last HbA1c: [Value] on [Date]
- Peripheral Neuropathy: [Yes/No]
- Peripheral Artery Disease: [Yes/No]
- Relevant Comorbidities: [e.g., CKD, Hypertension]

Current Management:

- Initial Debridement: [Date/Details]
- Current Antibiotics: [Drug Name, Dosage, Frequency]
- Imaging Results: [e.g., X-ray/MRI findings regarding Osteomyelitis]

Reason for Referral:

[e.g., Specialist wound care, surgical consultation, IV antibiotic therapy, or vascular assessment].

Please find the attached lab results and recent clinical notes. I appreciate your prompt attention to this patient to prevent further complications.

Sincerely,

[Your Name]

[Your Title/Credentials]

[Your Facility Name]

[Your Phone Number]