

Date: [Insert Date]

To: [Recipient Name/Specialist Name]

Department: [Podiatry/Wound Care/Vascular Clinic]

Facility Name: [Clinic/Hospital Name]

RE: Referral for Post-Amputation Diabetic Foot Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Recipient Name],

I am referring this patient for specialist foot care and ongoing monitoring following a recent amputation related to diabetic complications.

Clinical History:

- **Diagnosis:** Diabetes Mellitus Type [1/2]
- **Amputation Type:** [e.g., Left Great Toe / Right Transmetatarsal]
- **Date of Surgery:** [Insert Date]
- **Reason for Amputation:** [e.g., Gangrene, Osteomyelitis, Non-healing Ulcer]
- **Co-morbidities:** [e.g., Peripheral Neuropathy, PAD, Chronic Kidney Disease]

Current Status:

The surgical site is currently [e.g., healing well / showing signs of delayed healing]. The patient requires professional assessment to prevent further ulceration, manage the contralateral limb, and oversee prosthetic integration if applicable.

Requested Services:

- Comprehensive diabetic foot assessment.
- Debridement and wound management of the surgical site.
- Preventative care for the remaining limb/foot.
- Prescription for therapeutic footwear or orthotics.
- Patient education on daily foot inspections.

Please find the attached recent lab results and surgical discharge summary for your review. Thank you for providing your expertise in managing this patient's long-term health.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Designation]

[Your Contact Information]