

Date: [Date]

To: [Podiatrist Name/Clinic Name]

Address: [Podiatrist Address]

RE: Preventative Diabetic Podiatry Maintenance

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Diagnosis: Diabetes Mellitus (Type [1 or 2])

Dear Podiatrist,

I am referring the above-named patient for regular preventative podiatry maintenance. The patient has a diagnosis of Diabetes Mellitus and requires professional foot care to mitigate the risk of ulceration, infection, and other diabetes-related lower extremity complications.

Clinical Indications:

- Loss of protective sensation (LOPS)
- Peripheral vascular disease (PVD)
- Structural deformities / Bunions / Claw toes
- History of skin callusing or nail thickening
- Inability to perform self-care

Requested Services:

- Comprehensive diabetic foot evaluation
- Debridement of mycotic nails/hyperkeratotic tissue
- Patient education on daily foot monitoring and footwear
- Ongoing routine maintenance as clinically indicated

Please provide a report following the initial consultation detailing your assessment and the proposed treatment plan.

Sincerely,

[Referring Physician Name]

[Practice Name]

[Phone Number]

[NPI Number]