Date: [Date]
Referring Physician: [Referring Doctor Name]
Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

RE: Follow-up Consultation for Complex Diabetes Mellitus Management

Dear Dr. [Referring Doctor Last Name],

I had the pleasure of seeing [Patient Name] today for a follow-up evaluation of their complex diabetes management. Since our last visit, the patient has been monitoring their glucose via [CGM/Fingersticks].

Current Clinical Status:
The patient's current A1c is [A1c Value]%, measured on [Date]. Review of the [CGM/Logbook] data shows a Time in Range (TIR) of [Percentage]%. Hypoglycemic events are noted [Frequency/None]. The patient reports [stable/increasing/decreasing] glucose trends particularly during [Time of Day/Post-prandial].

Assessment:
1. Diabetes Mellitus Type [1/2]: [Suboptimal/Improved] control with complications including [Retinopathy/Neuropathy/Nephropathy].
2. Insulin Resistance/Sensitivity: [Details on sensitivity or pump settings].
3. Associated Comorbidities: [Hypertension/Dyslipidemia/Obesity].

Updated Treatment Plan:

- **Medication Changes:** [List dose increases, decreases, or new agents].
- **Insulin Regimen:** [Basal/Bolus doses or Pump Settings].
- **Monitoring:** Continue [CGM/BGM] at least [Number] times daily.
- **Referrals:** [Ophthalmology/Podiatry/Diabetes Education/Nutrition].
- **Labs Ordered:** [Urine Albumin/Creatinine, Lipid Panel, Repeat A1c].

Follow-up:
The patient will return to our clinic in [Number] months for a repeat evaluation and metabolic panel.

Thank you for the continued opportunity to participate in this patient's care. If you have any questions, please contact my office.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
Department of Endocrinology