Date: [Date of Consultation]
Re: [Patient Full Name]
DOB: [Date of Birth]
MRN: [Medical Record Number]

Dear [Referring Physician Name],

Thank you for referring [Patient Name] for a complex diabetes management consultation. I had the pleasure of evaluating [him/her/them] today.

Reason for Consultation

[Insert reason: e.g., persistent hyperglycemia, frequent hypoglycemia, insulin pump initiation, or transition of care.]

Diabetes History

- **Diagnosis Date:** [Date]
- **Diabetes Type:** [Type 1 / Type 2 / Monogenic / CFRD]
- **Current Regimen:** [MDI / Insulin Pump Brand]
- **Glucose Monitoring:** [CGM Brand / Fingersticks]
- **Recent HbA1c:** [Value]% on [Date]

Current Assessment

[Patient Name] is currently experiencing [mention specific challenges, e.g., dawn phenomenon, exercise-induced hypoglycemia, or glycemic variability]. Physical examination today was notable for [mention key findings, e.g., lipohypertrophy at injection sites, Tanner stage, or normal findings].

Consultation Plan & Recommendations

1. **Insulin Adjustments:** [Insert specific basal/bolus changes or carb ratios]
2. **Technology Update:** [Insert CGM or Pump settings changes]
3. **Laboratory Orders:** [Insert requested labs: e.g., TSH, Celiac screen, or Lipid panel]
4. **Diabetes Education:** [Referral to CDE or Dietitian]

Follow-up

The patient will follow up with our Pediatric Endocrinology team in [Number] months. Please do not hesitate to contact me if you have any further questions.

Sincerely,

[Provider Signature]

[Provider Name, Title]
[Department Name]