Date: [Date]

RE: [Patient Full Name]
DOB: [Date of Birth]
EDD: [Estimated Date of Delivery]
Gestational Age: [Weeks/Days]

To: [Referring Provider Name]

Dear [Provider Name],

Thank you for requesting a consultation for [Patient Name] regarding the management of complex diabetes during pregnancy.

Diagnosis:
[Type 1 Diabetes / Type 2 Diabetes / Complex Gestational Diabetes]

Clinical Summary:
[Patient Name] is a [Age]-year-old [G/P] currently at [Number] weeks gestation. Current glycemic control is [Optimal/Sub-optimal]. Recent HbA1c is [Percentage]%. Obstetric complications include [List any complications, e.g., polyhydramnios, macrosomia, or hypertension].

Current Medication Regimen:
[List current insulin types, dosages, and other medications]

Assessment and Recommendations:

- **Glucose Monitoring:** [Frequency of fingersticks or CGM requirements]
- **Insulin Adjustment:** [Specific changes to basal/bolus rates]
- **Dietary Plan:** [Carbohydrate counting or specific nutritional goals]
- **Fetal Surveillance:** [Recommendations for NSTs or growth scans]

Follow-up Plan:
The patient will return to this clinic in [Number] weeks for [Frequency] monitoring of blood glucose logs and dose titration.

Please contact my office at [Phone Number] if you have any questions regarding this management plan.

Sincerely,

[Doctor Signature]
[Doctor Name, Credentials]
[Department of Endocrinology]