Date: [Date]

Recipient: [Referring Physician Name]
Address: [Clinic/Hospital Address]

RE: [Patient Name] | **DOB:** [Date of Birth]

Dear Dr. [Referring Physician Last Name],

I had the pleasure of seeing [Patient Name] today for a complex diabetes consultation regarding insulin pump management. Below is a summary of our assessment and the updated treatment plan.

Diagnosis: [Type 1 / Type 2 / LADA] Diabetes Mellitus

Current Pump Therapy:
Pump Model: [e.g., Tandem t:slim X2 / Omnipod 5 / Medtronic 780G]
CGM System: [e.g., Dexcom G6 / G7 / Guardian 4]
Mode: [e.g., Automated Insulin Delivery (AID) / Manual Mode]

Clinical Assessment:
[Patient Name] reports [satisfactory/poor] glycemic control. Current HbA1c is [Value]% as of [Date]. Data download reveals:
- Time in Range (70-180 mg/dL): [Percentage]%
- Time Below Range (
- Average Daily Dose: [Total Units] (Basal: [Percentage]% / Bolus: [Percentage]%)

Management Plan & Adjustments:

- **Basal Rates:** [Modified/Maintained] at [Rate] units/hr.
- **Insulin-to-Carb Ratio (ICR):** Adjusted to 1:[Value] for [Meal Period].
- **Correction Factor (ISF):** Adjusted to 1:[Value] mg/dL.
- **Target Blood Glucose:** Set to [Value] mg/dL.

Additional Recommendations:
1. [e.g., Rotate infusion sites to prevent lipohypertrophy.]
2. [e.g., Bolus 15-20 minutes prior to meals.]
3. [e.g., Follow-up with Diabetes Educator for advanced carb counting.]

The patient will return to our clinic in [Number] months for a follow-up download and assessment. Thank you for the opportunity to participate in this patient's care.

Sincerely,

[Doctor Name, MD/DO/NP]
[Practice Name]
[Contact Information]