Date: [Date]

RE: [Patient Name]
DOB: [Date of Birth]
MRN: [Medical Record Number]

To: [Requesting Physician Name]

Consultation Reason: Refractory Hyperglycemia and Complex Diabetes Management

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] for management of refractory hyperglycemia. Despite current adherence to [Current Medication Regimen], the patient's glycemic control remains suboptimal with a most recent HbA1c of [Value]% and frequent fingerstick readings ranging between [Range] mg/dL.

Clinical Assessment:
The patient presents with significant insulin resistance and/or glucose variability. Factors contributing to the refractory nature of their condition include [e.g., medication non-responsiveness, lifestyle factors, or underlying comorbidities]. There are no acute signs of diabetic ketoacidosis (DKA) or hyperosmolar hyperglycemic state (HHS) at this time.

Diagnostic Plan:

- Review of continuous glucose monitoring (CGM) data or 14-day glucose logs.
- Laboratory evaluation: C-peptide, GAD antibodies, and renal function panel.
- Screening for secondary causes of insulin resistance (e.g., Cushing's syndrome, acromegaly, or medication-induced).

Treatment Recommendations:

- **Medication Adjustment:** Initiate/Increase [Medication Name] to [Dose].
- **Insulin Therapy:** Transition to a basal-bolus regimen or insulin pump therapy as discussed.
- **Education:** Referral to a Certified Diabetes Care and Education Specialist (CDCES) for intensive carbohydrate counting and injection technique review.

Follow-up:
I will see the patient back in [Number] weeks to evaluate the response to these interventions. Please contact my office if there are any urgent concerns regarding their glycemic stability.

Thank you for the opportunity to participate in the care of this patient.

Sincerely,

[Your Name, MD/DO]
[Department of Endocrinology]
[Contact Information]