Date: [Date]

To: [Referring Physician Name]
Department: [Department Name]
Facility: [Facility Name]

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

Dear Dr. [Physician Last Name],

I had the pleasure of evaluating [Patient Name] for postoperative management of complex diabetes mellitus following their recent [Procedure Name].

Clinical Summary:
The patient is a [Age]-year-old with a history of [Type 1/Type 2] Diabetes, currently [Number] days postoperative. The clinical course has been complicated by [e.g., glycemic variability, insulin resistance, parenteral nutrition, or infection].

Current Glycemic Status:
- Most recent HbA1c: [Value]% ([Date])
- Fingerstick Range (Last 24h): [Low] to [High] mg/dL
- Current Insulin/Medication Regimen: [Detail Regimen]

Assessment:
The patient is experiencing postoperative [hyperglycemia/hypoglycemia] likely secondary to [surgical stress/steroid use/changes in nutritional intake]. Management is complex due to [list comorbidities or complications].

Recommendations and Plan:

- **Basal Insulin:** Adjust to [Dose/Unit] [Frequency].
- **Prandial Insulin:** [Dose/Ratio] with meals. Resume oral intake as tolerated.
- **Correction Scale:** Implement [Low/Medium/High] intensity sliding scale.
- **Monitoring:** Point-of-care glucose testing every [Number] hours.
- **Discharge Planning:** [Recommendations for home medications and follow-up].

I will continue to follow the patient during their inpatient stay. Please contact the Endocrinology service for any acute changes in glycemic status.

Sincerely,

[Your Name, MD/DO]
[Title]
[Contact Information]