Date: [Date of Consultation]

Referring Provider: [Referring Doctor Name]
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
MRN/ID: [ID Number]

Subject: Telehealth Endocrinology Consultation - Complex Diabetes Management

Dear [Referring Provider Name],

I had the pleasure of evaluating [Patient Name] today via a synchronous audio-visual telehealth platform for the management of complex diabetes mellitus.

Consultation Summary:

- **Diagnosis:** [e.g., Type 1 / Type 2 Diabetes, Insulin Requiring, Malignant Obesity]
- **Current HbA1c:** [Percentage] (Dated: [Date])
- **Remote Monitoring Review:** Reviewed [CGM/Pump/Glucometer] data for the period of [Dates].
- **Glycemic Control:** Time in Range is [X%]. Notable patterns include [e.g., nocturnal hypoglycemia, post-prandial spikes].

Assessment:

[Insert clinical assessment regarding current complications, insulin resistance, or glycemic variability].

Plan & Recommendations:

1. **Medication Adjustments:** [List changes to insulin doses or non-insulin agents].
2. **Technology:** [Recommendations for CGM or Insulin Pump settings].
3. **Lifestyle/Education:** [Dietary advice or Diabetes Education referral].
4. **Follow-up:** Telehealth follow-up in [Number] months.

Telehealth Attestation:
This visit was performed via interactive video/audio telecommunication. The patient was located at [Location] and the provider was at [Location]. Total time spent on coordination of care and counseling was [Number] minutes.

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

Sincerely,

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