Date: [Insert Date]

To: Department of Endocrinology
Consultant: [Name of Endocrinologist, if known]
Facility: [Name of Hospital/Clinic]

RE: URGENT CONSULTATION REQUEST

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN/ID Number]
Contact Number: [Patient Phone Number]

Reason for Urgent Referral:
[e.g., Severe Glycemic Instability, Recurrent DKA, New Onset Type 1 Diabetes, Pregnancy with Pre-existing Diabetes, Malfunctioning Insulin Pump]

Clinical Summary:
[Provide a brief history of the patient's condition, current symptoms, and why immediate specialist intervention is required.]

Current Diabetes Data:
- **Most Recent HbA1c:** [Value]% (Date: [Date])
- **Blood Glucose Range:** [Low] to [High] mg/dL (or mmol/L)
- **Current Medications:** [List insulin types, dosages, and oral agents]

Relevant Comorbidities:
[List relevant conditions such as Chronic Kidney Disease, Retinopathy, or Cardiovascular Disease]

Recent Lab Results:
- **Creatinine/eGFR:** [Value]
- **Ketones:** [Positive/Negative]
- **Other:** [List any other critical labs]

Referring Provider Information:
Name: [Provider Name]
Practice Name: [Clinic Name]
Phone: [Phone Number]
Fax: [Fax Number]

Sincerely,

[Signature]

[Printed Name and Title]