Date: [Date]

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

To: [Receiving Provider Name/Clinic]

Dear [Provider Name],

This letter serves to transition the endocrinology care for [Patient Name] for the management of Complex Diabetes Mellitus. The patient is being transferred to your care due to [Reason for Transition, e.g., insurance change, relocation].

Diagnosis:
[Type 1 / Type 2 / LADA] Diabetes Mellitus with [Complications, e.g., Neuropathy, Retinopathy].

Current Treatment Regimen:

- **Insulin:** [Basal dose and brand] / [Bolus ratio and brand]
- **Non-Insulin Meds:** [List medications/dosages]
- **Technology:** [Pump model/CGM model]

Recent Clinical Status:

- **Most Recent HbA1c:** [Value]% on [Date]
- **Hypoglycemia History:** [Frequency/Severity]
- **Key Labs:** [eGFR, Albumin/Creatinine Ratio, Lipids]

Active Clinical Goals:
[List goals, e.g., improve time in range, weight management, or starting a new therapy].

Supplies and Authorizations:
The patient has been provided with a 30-day supply of medications. Last sensor/pump site change was [Date].

Complete medical records and recent lab results are attached. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Your Name, MD/DO/NP/PA]
[Clinic Name]
[Contact Information]