

Date: [Date]

To: [Referring Physician Name]

Address: [Clinic/Practice Name]

[Street Address]

[City, State, Zip Code]

RE: [Patient Name]

DOB: [Patient Date of Birth]

Date of Exam: [Date of Exam]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] for an initial ophthalmological evaluation regarding diabetic retinopathy. The patient has a history of [Type 1/Type 2] Diabetes Mellitus for [Number] years. Their most recent HbA1c was reported as [Percentage]%.

Ocular Findings:

- **Visual Acuity:** Right Eye (OD): [Result] | Left Eye (OS): [Result]
- **Intraocular Pressure:** OD: [Result] mmHg | OS: [Result] mmHg
- **Anterior Segment:** [Normal / Specific Findings]
- **Dilated Fundus Exam:**
 - **Right Eye:** [e.g., No retinopathy / Mild NPDR / Clinically Significant Macular Edema]
 - **Left Eye:** [e.g., No retinopathy / Mild NPDR / Clinically Significant Macular Edema]

Assessment:

[Summary of Diagnosis, e.g., Non-proliferative diabetic retinopathy without macular edema in both eyes.]

Plan:

- **Treatment:** [e.g., No acute ocular intervention required at this time / Anti-VEGF injection / Laser treatment]
- **Patient Education:** Discussed the importance of blood glucose, blood pressure, and lipid control in managing ocular complications.
- **Follow-up:** The patient is scheduled for a repeat dilated exam in [Number] months.

I will continue to monitor [Patient Name] and will keep you informed of any changes in their ocular status. Please feel free to contact my office if you have any questions.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]