

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Routine Annual Diabetic Retinopathy Screening Results

Dear [Patient Name],

Thank you for attending your annual diabetic retinopathy screening on [Date of Exam]. This evaluation is a vital part of managing your diabetes and protecting your vision.

Based on the review of your retinal images, the results are as follows:

**Screening Result:** [Normal / No Retinopathy / Mild Non-Proliferative Retinopathy / Other]

**Recommendation:**

- No signs of diabetic retinopathy were detected. Please schedule your next routine screening in 12 months.
- Early signs of diabetic changes were detected. No immediate treatment is needed, but we will monitor this at your next annual exam.
- Further evaluation is required. Please contact our office at [Phone Number] to schedule a follow-up appointment with an ophthalmologist.

Please remember that maintaining stable blood sugar levels, blood pressure, and cholesterol is the best way to prevent or slow the progression of diabetic eye disease.

We have shared a copy of these results with your primary care physician, [Physician Name].

If you experience any sudden changes in your vision, such as new floaters, flashes of light, or blurred vision, please contact us immediately.

Sincerely,

[Provider Name/Clinic Name]

[Contact Information]