

Date: [Date]

To: [Primary Care Physician Name]

Clinic: [Clinic Name]

Address: [Clinic Address]

RE: [Patient Full Name]

DOB: [Patient Date of Birth]

Dear Dr. [PCP Last Name],

I had the pleasure of evaluating [Patient Name] on [Date of Exam] for a comprehensive diabetic eye examination.

Clinical Findings:

Visual Acuity: Right Eye [V/A OD], Left Eye [V/A OS]

Intraocular Pressure: [IOP mmHg]

Diagnosis:

Mild Nonproliferative Diabetic Retinopathy (NPDR) in [Right/Left/Both] eyes. Current findings show the presence of occasional microaneurysms only. There is no clinical evidence of diabetic macular edema at this time.

Plan and Recommendations:

- Annual dilated fundus examination is recommended to monitor for progression.
- The patient has been educated on the importance of maintaining stable blood glucose, blood pressure, and lipid levels to reduce the risk of vision loss.
- The patient was advised to return sooner if they notice any sudden changes in vision or new floaters.

Thank you for the opportunity to participate in this patient's care. Please feel free to contact my office if you have any questions.

Sincerely,

[Specialist Signature]

[Specialist Name, Degree]

[Practice Name]

[Phone Number]