

Date: [Date]

To: [Referring Physician Name]

Address: [Clinic/Hospital Address]

Fax/Phone: [Contact Information]

RE: [Patient Full Name]

Date of Birth: [Patient DOB]

Date of Exam: [Date of Exam]

Dear Dr. [Referring Physician Last Name],

Thank you for referring [Patient Name] for an ophthalmic evaluation. I am writing to provide an update regarding their retinal status.

Diagnosis:

Moderate Nonproliferative Diabetic Retinopathy (NPDR) in [Right Eye / Left Eye / Both Eyes].

Clinical Findings:

During the dilated fundus examination, the following were observed:

- Multiple microaneurysms and intraretinal hemorrhages.
- Presence of hard exudates and/or cotton wool spots.
- [Optional: No evidence of clinically significant macular edema at this time.]
- [Optional: Current Visual Acuity: OD: 20/___ OS: 20/___]

Plan and Recommendations:

1. **Monitoring:** The patient has been instructed to return for a follow-up evaluation in [6 months / specified timeframe] to monitor for progression to proliferative disease or macular edema.
2. **Systemic Control:** I have counseled the patient on the critical importance of maintaining stable blood glucose levels (HbA1c), blood pressure, and cholesterol to reduce the risk of vision loss.
3. **Treatment:** No surgical or laser intervention is required at this stage.

Please continue with the medical management of this patient's diabetes. I will notify your office immediately if their ocular condition requires advanced intervention.

Sincerely,

[Your Name, MD/OD]

[Practice Name]

[Phone Number]