

**Date:** [Insert Date]

**To:** Retina Specialist / Ophthalmology Urgent Care

**From:** [Referring Provider Name/Clinic]

**Contact Information:** [Phone Number/Email]

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**RE: URGENT REFERRAL**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Diagnosis:** Severe Nonproliferative Diabetic Retinopathy (SN PDR)

**Dear Colleague,**

This patient is being referred for urgent evaluation and management of **Severe Nonproliferative Diabetic Retinopathy**.

**Clinical Findings:**

- Visual Acuity: OD [Right Eye] | OS [Left Eye]
- Intraocular Pressure: OD [Right Eye] | OS [Left Eye]
- Latest HbA1c: [Percentage] dated [Date]
- Key Retinal Findings: [e.g., Diffuse intraretinal hemorrhages in 4 quadrants, venous beading, IRMA, or Clinically Significant Macular Edema]

**Reason for Urgency:**

Due to the high risk of progression to Proliferative Diabetic Retinopathy (PDR) and potential vision loss, this patient requires a specialist consultation for consideration of anti-VEGF therapy or panretinal photocoagulation (PRP).

Please find the attached retinal imaging and recent laboratory results for your review. We request that the patient be seen within [Insert timeframe, e.g., 1-2 weeks].

Thank you for your prompt attention to this matter.

Sincerely,

[Doctor Signature]

[Doctor Printed Name]

[Medical License Number]