

**Date:** [Insert Date]

**To:** [Recipient Name/Ophthalmology Surgeon]

**Department:** Vitreoretinal Surgery

**Facility:** [Hospital/Clinic Name]

**RE:** Consultation for Surgical Intervention

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

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

Dear Dr. [Surgeon Last Name],

I am referring this patient for a surgical consultation regarding **Proliferative Diabetic Retinopathy (PDR)**. The patient has been diagnosed with the following complications requiring vitreoretinal evaluation:

- Non-clearing Vitreous Hemorrhage
- Tractional Retinal Detachment (TRD)
- Neovascularization of the Disc/Elsewhere (NVD/NVE) refractory to PRP
- Combined Tractional and Rhegmatogenous Retinal Detachment
- Persistent Fibrovascular Proliferation

**Clinical Findings:**

Current Visual Acuity: OD [V/A] OS [V/A]

Intraocular Pressure: OD [IOP] OS [IOP]

Last HbA1c: [Value]% (Date: [Date])

**Previous Treatments:**

[List treatments: e.g., Panretinal Photocoagulation (PRP), Anti-VEGF Injections, or prior surgeries]

**Requested Action:**

Please evaluate the patient for potential Pars Plana Vitrectomy (PPV), membrane peeling, or endolaser treatment. I have attached the relevant OCT imaging and fundus photography for your review.

Thank you for your expertise in managing this case. Please contact my office with your recommended surgical plan.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Clinic Name]  
[Phone Number]