

Date: [Insert Date]

To: [Recipient Physician Name]

Department: [Insert Department/Specialty]

Facility: [Insert Facility Name]

RE: Patient Consultation

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

Dear Dr. [Recipient Last Name],

I am writing to provide a consultation summary regarding the management of a diabetic foot ulcer for the above-named patient.

Clinical Presentation:

The patient presented on [Date] with a [Location, e.g., plantar aspect of the right hallux] ulcer. The wound duration is [Number] weeks/months. Current symptoms include [Pain, redness, drainage, or foul odor].

Wound Assessment:

- **Size:** [Length] cm x [Width] cm x [Depth] cm
- **Wagner Grade:** [Grade 0-5]
- **Exudate:** [Type and Amount]
- **Wound Bed:** [e.g., Granulation, slough, or necrotic tissue]
- **Signs of Infection:** [e.g., Cellulitis, purulence, or bone exposure]

Vascular and Neurological Status:

- **Pulses:** [Pedal pulses status]
- **Sensation:** [Monofilament testing results]
- **ABI Results:** [Insert Ratio if performed]

Treatment Plan:

1. **Debridement:** [Type of debridement performed]
2. **Off-loading:** [e.g., Total contact cast, surgical shoe, or knee walker]
3. **Dressings:** [Specific dressing type and frequency of change]
4. **Infection Control:** [Antibiotic regimen, if applicable]
5. **Diagnostics:** [Pending X-rays, MRI, or blood work]

Recommendations and Follow-up:

The patient is scheduled for a follow-up appointment on [Date]. We recommend [e.g., strict glycemic control, daily foot inspections, or vascular surgery referral].

Thank you for your collaboration in this patient's care. Please contact my office at [Phone Number] if you have any questions.

Sincerely,

[Your Name, Title]

[Your Facility/Clinic Name]

[Contact Information]