

Date: [Insert Date]

To: [Recipient Name/Specialist/Emergency Department]

From: [Referring Provider Name]

Contact Number: [Your Phone Number]

RE: URGENT EVALUATION FOR DIABETIC FOOT INFECTION

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Colleague,

I am referring this patient for an immediate evaluation of a suspected acute diabetic foot infection. The patient has a history of Diabetes Mellitus and presents with the following clinical concerns:

- **Location of Wound:** [e.g., Plantar surface of left first metatarsal head]
- **Signs of Infection:** [e.g., Erythema >2cm, warmth, edema, purulent drainage, foul odor]
- **Systemic Symptoms:** [e.g., Fever, chills, tachycardia, or None]
- **Probe-to-Bone:** [Positive / Negative / Not Performed]
- **Peripheral Pulses:** [e.g., Weak pedal pulses / Non-palpable]

Recent Labs (if available):

WBC: [Value] | Glucose: [Value] | ESR/CRP: [Value] | Creatinine: [Value]

Current Treatment Started:

[e.g., Initial dose of Augmentin, Offloading, Wound debridement]

Given the high risk of osteomyelitis, limb loss, or sepsis, I request an urgent surgical or podiatric consultation for further management, imaging, and potential admission.

Thank you for your immediate attention to this patient.

Sincerely,

[Signature]

[Printed Name and Credentials]

[Facility Name]