

Date: [Date]

To: [Consultant Name/Wound Care Specialist]

Department: [Department Name]

Facility: [Facility Name]

RE: Advanced Diabetic Wound Care Consultation

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Dr. [Consultant Last Name],

I am referring this patient to your service for advanced management of a diabetic wound. Below is a summary of the clinical findings:

Wound Location: [Specify Location, e.g., Left Plantar Surface]

Wound Description: [Size, Depth, Grade/Stage, Presence of Exudate/Odency]

Duration: [Number of Weeks/Months]

Current Medical History:

- Diabetes Type: [Type 1/Type 2]
- Recent HbA1c: [Value]% dated [Date]
- Comorbidities: [e.g., Peripheral Neuropathy, PAD, ESRD]

Previous Treatments:

- [List previous debridement, dressings, or offloading methods used]
- [List current or previous antibiotics]

Recent Diagnostic Results:

- Vascular Studies: [e.g., ABI/TBI results]
- Imaging: [e.g., X-ray/MRI for Osteomyelitis]
- Microbiology: [Culture results if available]

Consultation Request:

I am requesting your expertise for [e.g., surgical debridement, advanced biological dressings, hyperbaric oxygen therapy evaluation, or infection management].

Please find the attached medical records and recent laboratory results. Thank you for your assistance in this patient's care.

Sincerely,

[Your Name]

[Title/Credentials]

[Phone Number]
[Practice Name]