

Date: [Date]

RE: [Patient Name]

DOB: [Date of Birth]

MRN: [Medical Record Number]

Dear Multidisciplinary Care Team,

This patient is being referred for urgent evaluation and management within the Diabetic Foot Limb Salvage program. The patient presents with a high-risk clinical situation that requires coordinated intervention to prevent major lower extremity amputation.

Clinical Presentation:

- **Primary Diagnosis:** [e.g., Diabetic Foot Ulcer, Osteomyelitis, Gangrene]
- **Wound Location:** [Specify location]
- **Wound Stage/Grade:** [e.g., Wagner Grade or UT Classification]
- **Duration:** [Number of weeks/months]

Key Assessment Findings:

- **Vascular Status:** [e.g., Palpable pulses, ABI/TBI results, or signs of ischemia]
- **Neuropathy:** [e.g., Loss of protective sensation]
- **Infection:** [e.g., Cellulitis, abscess, purulent drainage, systemic symptoms]
- **Imaging Results:** [Summary of X-ray, MRI, or Bone Scan]

Required Multidisciplinary Consultations:

- **Vascular Surgery:** For revascularization assessment.
- **Podiatry / Orthopedic Surgery:** For debridement and structural management.
- **Infectious Disease:** For targeted antibiotic therapy and cultures.
- **Endocrinology:** For optimized glycemic control.
- **Wound Care:** For specialized offloading and dressings.

Current Treatment Plan:

[List current medications, antibiotics, and offloading measures]

Our primary goal is limb preservation through aggressive infection control, restoration of perfusion, and surgical stabilization. Please coordinate your evaluations and provide recommendations for the integrated care plan.

Sincerely,

[Provider Name]

[Title]

[Department/Facility]
[Contact Information]