

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Subject: Diabetic Medication Management Review

This letter is to invite you for a review of your current diabetes medications. It is important to regularly check that your treatment is effective and safe for your health needs.

During this review, we will discuss:

- Your current blood sugar levels and A1C results.
- Any side effects you may be experiencing.
- How your medications fit into your daily routine.
- Whether any adjustments are needed to your dosage or prescriptions.

Please bring all your current medications, including insulin, tablets, vitamins, and supplements, to this appointment.

Please contact our office at [Phone Number] to schedule your review by [Date]. If you have recently had a review or blood tests, please let us know.

Sincerely,

[Doctor/Provider Name]

[Practice Name]