

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

We are writing to follow up on your health following your recent discharge from [Hospital Name] on [Discharge Date]. Our priority is to ensure your recovery is going well and that your diabetes management plan is adjusted appropriately after your hospital stay.

Please review the following instructions regarding your care:

- **Follow-Up Appointment:** We have scheduled a follow-up visit for you on [Date] at [Time] with [Doctor Name]. If you cannot make this appointment, please call us at [Phone Number] to reschedule.
- **Medication Changes:** Please review your new discharge medication list. Note any changes to your insulin dosage or oral medications. Stop taking any old medications that were discontinued during your stay.
- **Blood Sugar Monitoring:** Continue to check your blood glucose levels [Number] times per day. Keep a written log of these readings and bring it to your next appointment.
- **Symptoms to Watch For:** Contact our office immediately if you experience persistent high blood sugar, signs of hypoglycemia (dizziness, shaking, confusion), or if your surgical site/wounds show signs of infection.

If you have any questions regarding your prescriptions or your recovery plan, please do not hesitate to contact our nursing team at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Clinic Name]

[Clinic Phone Number]