

[Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]

[Date]

To: [Patient Name]

# Welcome to Advanced Insulin Pump Therapy

Dear [Patient Name],

Welcome to our Advanced Insulin Pump Therapy program. We are pleased to partner with you as you transition to this technology to help manage your diabetes and improve your glucose control.

## Your Training Schedule:

- **Pre-Pump Education:** [Date/Time]
- **Pump Start/Activation:** [Date/Time]
- **Follow-up Review:** [Date/Time]

## What to Bring to Your First Appointment:

- Your new insulin pump and all boxed accessories.
- Current insulin prescriptions and supplies (reservoirs, infusion sets).
- Continuous Glucose Monitor (CGM) supplies (if applicable).
- A record of your current insulin doses and settings.
- A list of your current medications.

## What to Expect:

During our initial sessions, we will program your personalized basal rates and bolus settings. We will also cover site rotation, carbohydrate counting, and troubleshooting high and low blood sugar levels while using the pump.

If you have any questions before your appointment, please contact our office at [Phone Number] or via the patient portal.

We look forward to supporting you on this journey toward better health.

Sincerely,

[Doctor/Educator Name]

[Title]

[Clinic/Department Name]