Date: [Date]

From:
[Referring Provider Name]
[Clinic Name]
[Address]
[Phone Number]

To:
[Receiving Provider Name]
[Clinic Name]
[Address]

RE: Transfer of Care for Diabetes Management

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear [Receiving Provider Name],

I am writing to formally transfer the diabetes management of the above-named patient to your care. The patient has been diagnosed with [Type 1 / Type 2] Diabetes since [Year of Diagnosis].

Current Clinical Status:
- Most Recent HbA1c: [Value]% (Date: [Date])
- Current Weight/BMI: [Value]
- Relevant Comorbidities: [e.g., Hypertension, Retinopathy, Neuropathy]

Current Medication Regimen:
- [Medication Name, Dosage, and Frequency]
- [Medication Name, Dosage, and Frequency]
- [Insulin Type and Sliding Scale/Basal info if applicable]

Recent History:
[Briefly mention recent hospitalizations, episodes of hypoglycemia, or changes in therapy].

Reason for Transfer:
[e.g., Patient relocation, request for specialist consultation, or insurance change].

Attached please find the patient's most recent lab results, progress notes, and current problem list. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Signature]

[Printed Name and Title]