

[Hospital/Clinic Name]
[Department Name]
[Address]
[Phone Number]
[Date]

To: [Patient Name]
Address: [Patient Address]

Dear [Patient Name],

We are writing to follow up on your recent discharge from [Hospital Name] on [Discharge Date]. This letter serves as a reminder and a guide for your ongoing diabetes management plan.

1. Medication Summary

Please continue taking your medications as prescribed at the time of discharge:

- [Medication Name]: [Dosage] [Frequency]
- [Medication Name]: [Dosage] [Frequency]

2. Blood Glucose Monitoring

Continue to check your blood sugar levels as instructed:

- Frequency: [e.g., Twice daily / Before meals]
- Target Range: [e.g., 80-130 mg/dL]

3. Follow-Up Appointment

It is important that you attend your scheduled follow-up visit:

Provider: [Doctor Name]
Date: [Appointment Date]
Time: [Appointment Time]
Location: [Clinic Address]

4. When to Call Your Doctor

Contact us immediately or seek medical attention if you experience:

- Blood sugar consistently above [High Limit] or below [Low Limit].
- Signs of infection at any wound or injection site.
- Persistent nausea, vomiting, or inability to keep fluids down.
- Extreme thirst or frequent urination.

If you have any questions regarding your care plan or medications, please call our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Title]

[Healthcare Team/Department]