

**Date:** [Date]

**To:** [Specialist Name/Clinic Name]

**Address:** [Specialist Address]

**Fax/Phone:** [Specialist Contact Info]

**RE: Referral for Diabetes Care Coordination**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Insurance ID:** [Insurance ID Number]

Dear [Specialist Name],

I am referring this patient to your office for specialized management and coordination of their diabetes care. This patient has been diagnosed with [Type 1 / Type 2] Diabetes Mellitus and requires expert evaluation for the following reasons:

- [Reason 1: e.g., Optimization of glycemic control]
- [Reason 2: e.g., Management of diabetic complications]
- [Reason 3: e.g., Initiation of insulin pump therapy or CGM]

**Clinical Summary:**

- **Current HbA1c:** [Percentage] (as of [Date])
- **Relevant History:** [Brief history of diagnosis and comorbidities]
- **Current Medications:** [List of diabetes medications and dosages]
- **Allergies:** [List allergies]

I have attached the patient's most recent laboratory results and clinical notes for your review. Please evaluate the patient and provide your recommendations for their long-term treatment plan. We look forward to collaborating with you to improve the patient's health outcomes.

Please send a consultation report to our office via fax at [Your Fax Number] following the appointment.

Sincerely,

[Referring Physician Signature]

[Referring Physician Name]

[Clinic Name]

[Phone Number]