

# Request for Diabetic Foot Care Consultation

Date: [Insert Date]

To: [Healthcare Provider's Name]

Clinic/Hospital: [Insert Clinic/Hospital Name]

Address: [Insert Address]

Dear [Healthcare Provider's Name],

I am writing to request a consultation regarding diabetic foot care for my patient, [Patient's Name], who has been diagnosed with diabetes and is at risk for foot complications.

Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Contact Number: [Patient's Contact Number]
- Medical History: [Brief Medical History or Conditions]

The patient has exhibited signs of potential foot complications, including [list any symptoms such as neuropathy, ulcers, etc.]. Given the importance of timely intervention in managing diabetic foot health, I believe a specialized consultation is warranted.

I appreciate your attention to this matter and look forward to your prompt response. Please let me know if you need any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]