

[PRINT ON PHYSICIAN LETTERHEAD]

[DATE]

Subject: [INSERT PATIENT NAME AND ADDRESS HERE]

To Whom It May Concern:

[YOUR NAME] is a patient under my care. He/she has diabetes, and requires that the following drugs and medical supplies be available at all times:

[DELETE ITEMS THAT AREN'T APPLICABLE]

- A blood glucose meter and testing supplies. This includes lancets (small sharps for drawing blood), a lancet finger stick device, and test strips: [INSERT METER & SUPPLY BRAND NAMES HERE]
- Continuous glucose monitoring system (CGMS): [INSERT BRAND NAME AND SENSOR INFORMATION]
- Insulin for injection: [INSERT BRAND NAME AND INDICATE DELIVERY SYSTEM]
- Insulin pump: [INSERT BRAND NAME AND INFUSION SET INFORMATION]
- Byetta (exenatide) for injection: a pen device with an attachable needle for administration; must be kept cool during transport with cold packs.
- Symlin (pramlintide) for injection: vial; requires an insulin syringe for administration.
- The following oral medications: [INSERT BRAND OR GENERIC NAMES HERE]
- Glucose tablets or gel to treat low blood sugar (hypoglycemia).

If you have any questions regarding this patient and his/her medical care and requirements, contact my office at [INSERT PHYSICIAN PHONE NUMBER].

Sincerely,

[DOCTOR'S SIGNATURE]