

DIABETES REMINDER LETTER

Dear _____:

It is time for your diabetes check up. For the visit to be as beneficial as possible, we will need your help in preparing for it.

Please phone the office at 000-0000 to schedule your appointment with _____.

So that test results will be available for discussion at the time of your visit, please obtain the following lab work approximately one week prior to your scheduled appointment.

Lab work needed:

Hemoglobin A_{1c}

BUN/Creatinine

Urine albumin/Creatinine

Lipids (fast for 12 hours)

Other: _____

No lab work needed

No appointment is necessary for your lab work. The lab hours are 8:00 a.m. to 12:30 p.m. and 1:30 p.m. to 4:30 p.m., Monday through Friday.

It is to your benefit for you to think about your self-management goals and what you would like to accomplish at your diabetes visit.

Your participation is vital for good care of your diabetes. Thanks for taking care of yourself and helping to prepare for your visit.

*It is very important that you bring this letter with you to the laboratory. Also, please bring your current medications list to your check up.

Sincerely,

Family Health Associates

Bellingham, Wash.