

Month, DD, YYYY

To Whom It May Concern:

My patient, [INSERT PATIENT NAME HERE], is a diabetic on insulin therapy and is on an insulin pump. She will need to have testing supplies including glucose machine, lancets, glucose strips, insulin pump, pump supplies and syringes.

If you have any questions, please call me at [INSERT PHONE NUMBER PLUS AREA CODE HERE]. Thank you.

Sincerely,

[INSERT PHYSICIAN'S NAME HERE]