

To whom it may concern:

_____ has Type 1 diabetes (Insulin-dependent diabetes mellitus, IDDM).

He /She needs insulin injections and blood glucose tests every day. His /Her 3 meals and 3/1 snacks must be provided as schedule.

Your kind assistance is highly appreciated. The following is his /her clinical summary.

Diagnosis: **Type 1 Diabetes Mellitus**

Date of Diagnosis: _____

Date of Birth: _____

CURRENT INSULIN REGIMEN

Brands of Insulin:

Dose (Units) of Insulin:

Insulin	Before Breakfast	Before Lunch	Before Dinner	Bedtime	2:00AM

Other Medications:

Pertinent Laboratory Data:

HbA1c: _____ % (____ / ____ / ____)

Precautions which need to be taken:

Medical doctor: _____

Pediatric Endocrinologist

Department of Pediatrics

Linkou Chang Gung Memorial Hospital

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