

[Your Name]
[Your Title]
[Your Practice Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]

Dear [Patient's Name],

Thank you for visiting us on [Date of Initial Consultation]. It was a pleasure to meet with you and discuss your health concerns. Following our initial consultation, I wanted to outline the next steps regarding your Continuous Glucose Monitoring (CGM) system.

1. ****CGM Placement****: As we discussed, your CGM system has been ordered. Please schedule an appointment for placement at your earliest convenience.

2. ****Monitoring and Data Review****: Once the CGM is in place, you will begin to monitor your glucose levels continuously. Please ensure to document any significant changes or events during this period.

3. ****Follow-Up Appointment****: We recommend scheduling a follow-up appointment approximately 14 days after the CGM placement to review the data and make any necessary adjustments to your management plan.

4. ****Support and Resources****: Should you have any questions or concerns in the meantime, please feel free to reach out to our office or consult the resources provided.

We are committed to supporting you in managing your health effectively. Please do not hesitate to reach out if you need any assistance.

Best regards,

[Your Signature]
[Your Name]
[Your Title]
[Your Practice Name]