

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient Name]  
[Recipient Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a comprehensive Continuous Glucose Monitoring (CGM) report for [Patient's Full Name], who is under my care. The CGM data is crucial for assessing [his/her/their] glucose management and making informed decisions regarding [his/her/their] treatment plan.

Please include the following information in the report:

1. Timeframe of monitoring data
2. Summary of glucose patterns
3. Frequency and duration of hypoglycemic and hyperglycemic events
4. Recommendations based on the data provided

If you require any additional information or documentation to process this request, please do not hesitate to reach out.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position]  
[Your Organization/Practice Name]