

(WDA Letterhead)

Dear Referring Physician:

Thank you for your referral of _____ for medical nutrition therapy (MNT) counseling in the treatment of his/her **diabetes**.

I am participating in a **statewide** research study for **the Wisconsin Dietetic Association**. I have obtained informed consent and enrolled this patient in the study, which measures **outcomes related to counseling Type 2 diabetes patients**.

As part of the study's protocol, **I have collected baseline data at the initial diet instruction, and will be collecting data at 3 and 6 months**. The follow-up data include laboratory measures of:

- **HbA1c, fasting serum glucose**
- **total cholesterol, LDL, HDL, and triglycerides.**

To provide data for this study, please order these labs on the following dates for this patient: _____ and _____. I will be contacting you in order to obtain these necessary labs if they are not already available in the chart.

Please feel free to contact me if you wish further details regarding the study or if you have any questions. I will also be sure to share the results of our research with you when completed.

Thank you again for your support. I look forward to continuing to work with you.

Sincerely,