

Physician referral note

Practice Name and Address

Date

Dear Dr. _____:

Mr. /Ms. _____ presented today to our dental practice for an oral evaluation. Our practice is part of the Dental Practice-Based Research Network, and as part of a research study we are conducting within this Network, s/he met American Diabetes Association criteria for opportunistic screening for diabetes in healthcare settings. S/he consented to have his/her blood glucose tested and we performed a random finger stick glucose test with a commercial glucose meter.

The blood glucose value was _____ mg/dL.

Your patient has been provided with American Diabetes Association literature on diabetes. We have advised him/her that a single abnormal random glucose test does not diagnose diabetes, and have encouraged him/her to discuss the test result with you.

If you have any questions regarding this referral or the on-going study, please call the Principal Investigator, Dr. Andrei Barasch at 205-996-4418. We appreciate the opportunity to work with you to improve our patients' health.

Sincerely,