

DOT DM Letter

Stonecreek Family Physicians
4101 Anderson Ave.
Manhattan, KS 66503
Phone: 785-587-4101
Fax: 785-587-9090

re: Patient Name: _____
Patient D.O.B: _____

Dear Dr. _____
Your patient _____ is applying for a Commercial Drivers License or CDL. Rules governing the CDL have changed per the Department of Transportation or DOT. To assist us in certifying your patient with **DIABETES**, we need the following from you. Please complete the following form and supply the necessary additional information.

Diagnosis: DIABETES
_____ Diet controlled
_____ Oral meds (please list) _____
_____ Insulin (type and dosage) _____
_____ Complications (please list) _____

Have there been any changes in medications or treatment plan over the last year? yes no If yes, what? _____

_____ Patients Blood sugars FBS log for 1 month reviewed (goal average 90-120) Please attach or have patient bring to physical.

_____ Results of most recent HgA1c _____ and date obtained _____ (goal 8 or less). Please attach test.

_____ Any hypoglycemic episodes in last yr. requiring medical intervention? yes no If yes please describe in separate letter, noting severity, what treatment was required, and where treated. If this has happened more than once please indicate.

Please supply a letter on your letterhead noting that you are the managing provider for this patient's diabetes, that there are no complications which would impair their ability to drive heavy equipment or pose a risk for sudden or severe impairment.

Please feel free to call us if there are questions. Diabetic patients will require recertification at least yearly.

Sincerely,

Stonecreek Family Physicians