Ref: Specialist service………………………

**GP Name** Organisation name…………………….

Address 1

Address 2 Contact details…………………………

Address 3

Please attach patient addressograph here

City Postcode

Date

Dear

**Patient name…………………………….**

This letter is to inform you that I recommend that the above patient is prescribed an intermittently scanned (isCGM) or real time continuous glucose monitoring (rtCGM) device.

The patient has been counselled, has been provided with the relevant information, including where to obtain the device if required, and the following device has been recommended/supplied\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\**delete as appropriate*

I would be grateful if you would prescribe the sensors for this device to the patient.

As per the Pan-Mersey Area Prescribing Committee / Cheshire Area Prescribing Group recommendation, these glucose monitoring devices are Amber Recommended for people with type 1 diabetes and for people with type 2 diabetes when the NICE criteria are met. We feel that this device will be the most suitable treatment for this patient. A copy of the Decision Aids for people with type 1 and type 2 diabetes can be found here (insert link) which outline the factors that have been considered and discussed with the patient in coming to this recommendation, as per the guidance contained in NICE NG17 and NG28.

Thank you

Yours sincerely

**Name**

Position