**Diabetes Education Provider Address**

**Patient name and address**

Dear Dr,

The above patient was referred to our Diabetes Structured Education Programme.

Please transfer the following outcome and identified read code into the patient’s record.

|  |  |  |
| --- | --- | --- |
| **Outcome of referral to diabetes** **structured education** | **Tick relevant box** | **Read code** |
| 1. Diabetes structured education declined |  | 9OLM / XaNTH |
| 2. Did not attend diabetes structured education |  | 9NiA / XaNTa |
| 3. Attended diabetes structured education |  | 9OLB / XaKHØ |
| 4. Diabetes structured education completed  |  | 9OLF / XaX5D |

Kind regards,

**Diabetes Structured Education Team**