



Screening Results

Operation Diabetes
Wisconsin Society of Pharmacy Students
UW-Madison School of Pharmacy



American Pharmacists Association
Academy of Student Pharmacists

Dear Dr.

This letter is to inform you that your patient, listed below, was recently assessed for his/her risk of diabetes at our Operation Diabetes screening. The patient's risk factors, signs, symptoms and blood glucose measurements were assessed and are provided below for your review. Please contact one of the Operation Diabetes coordinators if you have any questions or concerns regarding the screening.

Patient: _____ DOB: ___/___/___ Screening Date: ___/___/___

Screening Results:

Blood Glucose _____mg/dl

Blood Pressure: _____mmHg

The patient has the following ADA risk factors:

The patient reported the following signs/symptoms for diabetes:

Additional notes:

Sincerely,

Operation Diabetes Team

Contact Co-chairs: Adam Maguire (ajmaguire@wisc.edu) or Cole McCoy (comccoy@wisc.edu)