Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern,

Patient’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (HKID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Underlying disease:

[ ]  Type 1 diabetes

I would refer this patient to go for insulin pump trial.

**Referring doctor**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_