[Date]

RE: [Participant Name]

To Whom It May Concern,

At physician’s request, [Participant Name] attended a diabetes self-management education class on [Class Date]. We encourage a family member or friend to attend with their loved ones to assist in the care and understanding of diabetes. An individual knowledgeable in his or her care can lead to better health, therefore decreasing lost days of work and leading to higher work productivity.

If we can be of further assistance or if you have any question, please call (361) 561-8584.

Sincerely,

Delia Martinez

Health Education Coordinator