



11511 Katy Freeway, Suite 100
Houston TX 77079
281.600.5000
www.diabetesrelief.com

OPEN LETTER TO PHYSICIANS

Dear Doctor:

Do you have diabetic patients who, despite best efforts to follow a conventional therapy regimen, still develop secondary complications that continue to progress and worsen?

Do you worry about a patient who is at risk of an amputation due to poor circulation or a slow healing wound? Do you worry about patients whose kidneys are failing due to diabetic nephropathy and you're afraid dialysis is just around the corner? Do you worry about a patient who is enduring the numbness and pain of diabetic neuropathy?

If you answered "yes" to any of these questions, we would like to help. If you give us just 3 months, we believe we can help the overwhelming majority of your metabolically impaired patients.

Our patients are experiencing amazing clinical outcomes. These improvements go far beyond controlling hyperglycemia and reducing HgbA1c. Our patented therapy treats the **root cause** of diabetes, which is **metabolic failure**. Our metabolic restoration treatment closely mimics the natural physiology and restores the communication between the pancreas and the liver that has been distorted in diabetic patients. Our treatment does far more than traditional programs. Our patients report experiencing increased energy, restful sleep, decreased diabetic neuropathy, decreased medications, and a lower HgbA1c. Your patients could experience these and many other benefits as well.

The treatment is proven safe and is not experimental; in fact, a form of it has existed for 70 years! Our patented protocol incorporates today's technology and we believe it represents an enormous step forward in the treatment of diabetes. We want to work in collaboration *with you* to help your patients.

Feel free to call me for further discussion of Diabetes Relief's therapy and how we can improve your patients in just 90 days. Stop worrying about your diabetic patients as they deteriorate from this terrible condition. It's time for some relief; it's time for **Diabetes Relief**.

For your convenience, a referral form is attached.

Stanley T. Lewis, M.D.
Medical Director

| PATIENT INFORMATION | | | | REFERRER INFORMATION | |
|------------------------------------|------------------------------------|--|--|-------------------------------|--|
| *NAME: | | | | *NAME: | |
| *ADDRESS: | | | | ADDRESS: | |
| *GENDER: | | *D.O.B: | | *TEL NO: | |
| *EMAIL: | | | | FAX NO: | |
| *PHONE #: | () | | | PATIENT INSURANCE INFORMATION | |
| TYPE 1 <input type="checkbox"/> | TYPE 2 <input type="checkbox"/> | PRE DIABETIC <input type="checkbox"/> | METABOLIC DISORDER <input type="checkbox"/> | *PRIMARY INSURED: | |
| CURRENT DM REGIMEN: | DIET <input type="checkbox"/> | ORAL <input type="checkbox"/> | ORAL + INSULIN <input type="checkbox"/> | *GROUP #: | |
| | PUMP <input type="checkbox"/> | INSULIN <input type="checkbox"/> | | *INSURANCE NAME: | |
| INTERPRETER REQUIRED: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | LANGUAGE: | *MEMBER ID: | |
| | | | | *PHONE #: | |

| BIOMEDICAL RESULTS – MOST RECENT | | | REASON FOR REFERRAL – MARK ALL THAT APPLY | | |
|----------------------------------|--------------|------|---|----------|-------------|
| TEST | LAST RESULTS | DATE | *COMPLICATION | *YES/NO? | ICD 10 CODE |
| *HgbA1c | | | FATIGUE | YES NO | |
| Fasting Blood Sugar | | | NEUROPATHY | YES NO | |
| CHOLESTEROL | | | RETINOPATHY | YES NO | |
| TRIG | | | NEPHROPATHY | YES NO | |
| HDL | | | HYPERTENSION | YES NO | |
| LDL | | | OBESITY | YES NO | |
| BUN | | | ERECTILE DYSFUNCTION | YES NO | |
| CREATININE | | | DIABETIC ULCER | YES NO | |
| eGFR | | | AT RISK AMPUTATION | YES NO | |
| URINALYSIS | | | SLEEP DISORDER | YES NO | |
| VITAMIN D | | | DEPRESSION | YES NO | |
| MAGNESIUM | | | UNCONTROLLED BLOOD SUGAR | YES NO | |

ADDITIONAL NOTES

| | | |
|--------------|-------------|--------|
| *PRINT NAME: | *SIGNATURE: | *DATE: |
|--------------|-------------|--------|

COMPLETED FORM SUBMISSION
FAX: (281) 215-5008

* Indicates required field