[Your Name]
[Your Rank/Rate]
[Your Phone Number]
[Your Email Address]

[Date]

[New Primary Care Manager Name or Clinic Name]
[Military Treatment Facility/Clinic Address]
[City, State, Zip Code]

RE: Request for Specialist Referral - Post-PCS Continuity of Care

To Whom It May Concern,

I am writing to formally request a referral for specialty care following my recent Permanent Change of Station (PCS) to [Name of New Installation]. I arrived at this location on [Date of Arrival].

Prior to my PCS, I was receiving ongoing treatment for [Name of Condition/Medical Issue] at [Name of Previous MTF or Clinic]. My previous provider was [Previous Doctor's Name].

I require a referral to the following specialty department(s):

- [Specialty 1, e.g., Physical Therapy]
- [Specialty 2, e.g., Dermatology]

My last appointment for this condition was on [Date], and I have [Number] remaining refills on my current prescriptions. I have attached my hand-carried medical records (or can provide access via the MHS GENESIS Patient Portal) to assist with the transition of care.

Please let me know if I need to schedule an initial PCM screening appointment to facilitate these referrals or if they can be processed based on my existing medical history. I can be reached at [Phone Number].

Thank you for your assistance in ensuring my medical readiness and continuity of care.

Sincerely,

[Signature]
[Your Printed Name]
[Department/Unit]