

**Date:** [Insert Date]

**To:** [Receiving Provider Name]

**Department:** [Hematology/Hemostasis]

**Facility:** [Receiving Facility Name]

**RE: Transfer of Care / Consultation Request**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Diagnosis:** [e.g., Hemophilia A / von Willebrand Disease / Unspecified Bleeding Disorder]

Dear Dr. [Last Name],

I am referring the above-named patient to your clinic for the ongoing management and consultation of their bleeding disorder. The patient is transferring care due to [reason: e.g., relocation, transition from pediatric to adult care, specialized treatment needs].

**Clinical Summary:**

The patient was diagnosed with [Diagnosis] in [Year]. Their clinical phenotype is characterized by [e.g., frequent epistaxis, joint bleeds, heavy menstrual bleeding]. Last objective testing showed [Factor Level/Lab Result] on [Date].

**Current Treatment Plan:**

The patient is currently managed with:

- **Medication/Factor Product:** [Name and Dosage]
- **Regimen:** [e.g., On-demand / Prophylaxis schedule]
- **Inhibitor Status:** [Negative / Positive / Date of last screen]

**Recent Complications/Procedures:**

[List any recent hospitalizations, major bleeding events, or surgeries].

**Action Requested:**

Please assume primary hematological management, including factor replacement authorizations and emergency protocol coordination. Relevant medical records, lab results, and imaging are attached to this letter.

Thank you for participating in the care of this patient. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Facility]