Date: [Insert Date]

[Recipient Name/Department]
[VA Health Care System Name]
[Clinic Address]
[City, State, Zip Code]

Subject: Coordination of Care and Medical Records Transfer for [Servicemember Full Name]

To Whom It May Concern,

I am writing to formally request the coordination of healthcare services and the transfer of medical documentation for [Rank and Name], SSN: [Insert SSN], who is currently transitioning from active duty service to Veteran status.

The servicemember has been diagnosed with the following medical condition(s):
[List Illness/Diagnosis]

Current Treatment Plan and Medications:
[List current medications and ongoing treatments]

Included with this letter are the relevant portions of the member's Service Treatment Records (STRs), recent laboratory results, and specialist consultation notes. We request that a Primary Care Provider (PCP) be assigned to review these files to ensure there is no gap in clinical care or medication management during this transition.

Please contact the undersigned or the servicemember directly at [Phone Number] or [Email Address] to confirm receipt of these records and to schedule an initial intake appointment.

Thank you for your assistance in ensuring a seamless transition of care for this Veteran.

Sincerely,

[Your Name/Signature]
[Your Title/Unit]
[Contact Information]