

**Date:** [Date]

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

**Date of Birth:** [DOB]

**Medical Record Number:** [MRN]

**To:** [Adult Primary Care Physician Name / Clinic Name]

**Address:** [Clinic Address]

**Subject: Discharge and Transfer of Care to Adult Medicine**

Dear Dr. [Physician Last Name],

This letter is to formally transition the medical care of [Patient Name] from [Pediatric Practice Name] to your practice effective [Effective Date]. As the patient has reached the age of [Age], they are now graduating from pediatric services.

**Medical Summary:**

- **Chronic Diagnoses:** [List Conditions]
- **Surgical History:** [List Major Procedures]
- **Allergies:** [List Allergies]

**Current Medications:**

[List Medication, Dosage, and Frequency]

**Immunization Status:**

The patient is [up to date / behind] on all age-appropriate vaccinations. A full immunization record is attached.

**Specialist Involvement:**

The patient is currently followed by the following specialists:

- [Specialty]: [Provider Name]
- [Specialty]: [Provider Name]

**Transition Readiness:**

The patient [and/or guardian] has been counselled on the differences between pediatric and adult healthcare settings. A comprehensive medical summary and recent lab results are enclosed with this letter.

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

Sincerely,

[Pediatrician Signature]

[Pediatrician Printed Name]

[Practice Name]