Subject: Care Transfer for Patient: [Patient Name] - [Patient Date of Birth]

[Date]

[Receiving Physician Name]
[Receiving Department/Clinic]
[Receiving Facility Name]
[Address]
[City, State, Zip Code]

Dear Dr. [Receiving Physician Last Name],

I am writing to formally transfer the care of my patient, [Patient Name], who is relocating to your area/seeking specialist care at your facility. [He/She/They] has been under my care since [Date] for the management of [Specific Autoimmune Disease, e.g., Systemic Lupus Erythematosus, Rheumatoid Arthritis].

Clinical Summary:
The patient was diagnosed on [Date] based on [Clinical Findings/Biopsy/Serology]. The disease course has been [Stable/Active/Refractory]. Current involvement includes: [List organs/systems affected].

Current Medications:
[List medication, dosage, and frequency - e.g., Adalimumab 40mg every 2 weeks]

Previous Therapies:
[List failed medications or adverse reactions]

Recent Lab Results/Imaging:
[Note most recent relevant labs like ANA, CRP, ESR, or Imaging results]

Pending Follow-up:
The patient is currently scheduled for [Upcoming Test/Infusion] on [Date]. [He/She/They] will require continued monitoring of [Specific Lab/Symptom].

I have attached the patient's comprehensive medical records, including diagnostic reports and recent progress notes. Please do not hesitate to contact my office at [Phone Number] if you require further information.

Sincerely,

[Your Name, MD/DO]
[Your Practice Name]
[Your Phone Number]
[Your Email Address]