

[Date]

[Receiving Facility Name]  
[Receiving Facility Address]  
[City, State, Zip Code]

**RE: Transfer/Discharge of [Resident Full Name]**

Dear Admissions Coordinator,

This letter serves as formal notification of the transfer and discharge of [Resident Name], DOB: [Date of Birth], from [Current Facility Name] to your facility, effective [Transfer Date].

**Reason for Transfer:**

[State reason, e.g., escalation in level of care, family request, or medical stability].

**Diagnosis and Condition:**

The resident is currently diagnosed with [Type of Dementia/Alzheimer's] and requires [Level of Assistance, e.g., 24-hour supervision, assistance with ADLs]. Current cognitive status is [Brief Description].

**Transfer Documentation Included:**

- Current Medication Administration Record (MAR)
- Physician Transfer Orders
- Latest History and Physical (H&P)
- Behavioral Care Plan and Triggers
- Power of Attorney (POA) / Healthcare Proxy Contact Information
- Most Recent TB Screening/Immunization Records

**Care Requirements:**

[Note specific needs, e.g., wander guard, thickened liquids, assistance with feeding, or specific behavioral interventions].

Please contact [Staff Name/Title] at [Phone Number] or [Email] for any questions regarding this transfer or to receive a verbal report from the nursing staff.

Sincerely,

[Signature]  
[Printed Name]  
[Title]  
[Current Facility Name]