Date: [Date]

RE: Transfer of Allergy Immunotherapy Care
Patient Name: [Patient Name]
Date of Birth: [DOB]

To Whom It May Concern,

This letter serves to facilitate the transition of allergy desensitization therapy for the above-named patient, who is relocating to your area. The patient has been receiving subcutaneous immunotherapy (SCIT) at our clinic since [Start Date].

Current Clinical Status:

- **Diagnosis:** [e.g., Allergic Rhinitis, Asthma, Hymenoptera Sensitivity]
- **Current Phase:** [Build-up / Maintenance]
- **Current Dose:** [Volume] of [Concentration/Vial Color]
- **Last Injection Date:** [Date]
- **Reaction History:** [Describe any local or systemic reactions, or state "None"]

Enclosed Records:

- Allergy skin test/In-vitro results
- Injection flow sheets (past 12 months)
- Vial compounding recipes and expiration dates
- Current immunotherapy schedule

The patient has been instructed to contact your office to establish care. We have provided them with their current extract vials to bring to your facility (if applicable). If your protocol requires fresh vials to be mixed by your staff, please find the formulation details attached.

If you require further clinical information regarding this patient's treatment plan, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Practice Name]
[Address]
[Phone Number]