

[Date]

[Patient Name]

[Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to the Transitional Palliative Care program at [Organization Name]. We are honored to support you and your family during this time.

Our program is designed to provide an extra layer of support as you navigate a serious illness. Unlike hospice, transitional palliative care allows you to continue curative treatments while focusing on your comfort and quality of life. Our goal is to help manage your symptoms, reduce hospital visits, and ensure your healthcare goals are met.

**What you can expect from us:**

- Regular visits or check-ins from our specialized care team.
- Help managing pain, shortness of breath, and other symptoms.
- Assistance with advanced care planning and medical decision-making.
- Coordination with your primary care doctor and specialists.

Your dedicated care coordinator is [Staff Name], who can be reached at [Phone Number].

We will be contacting you shortly to schedule your first comprehensive assessment. If you have any immediate questions or concerns, please call our office at [Office Phone Number].

We look forward to partnering with you to provide the best possible care.

Sincerely,

[Your Name/Signature]

[Title]

[Organization Name]