

Date: [Date]

RE: Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient Address: [New Address if available]

To [Receiving Provider/Facility Name],

The purpose of this letter is to formally transfer the medical care of [Patient Name] to your practice due to their relocation to [New City/State].

Clinical Summary:

[Patient Name] has been under my care since [Start Date] for the management of [Primary Diagnosis/Condition]. Their current treatment plan includes [List key treatments or medications].

Current Medications:

- [Medication Name, Dosage, Frequency]
- [Medication Name, Dosage, Frequency]

Recent Labs/Imaging:

[Note most recent significant results or attach reports]

Pending Follow-up:

The patient is due for [Next Procedure/Bloodwork] on [Date].

I have enclosed the patient's comprehensive medical records, including immunization history and recent specialist consultations. Please do not hesitate to contact my office at [Phone Number] or [Email] if you require further information regarding this patient's history.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Practice Name]

[Phone Number]