

Date: [Date]

RE: Patient Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/MRN: [ID Number]

From:

[Sending Physician Name]

[Facility Name]

[Phone Number]

To:

[Receiving Physician/Facility Name]

[Address]

[Phone Number]

Dear [Recipient Name],

This letter serves to formally transfer the medical care of [Patient Name] to your practice effective [Date]. The patient is being transferred for [Reason for Transfer/Continued Management of Specific Condition].

Clinical Summary:

[Briefly describe the patient's primary diagnosis, current clinical status, and recent hospitalizations or interventions.]

Current Medications:

[List medications, dosages, and frequency]

Known Allergies:

[List allergies or state "No Known Drug Allergies"]

Pending Lab Results/Follow-up Actions:

[List any outstanding tests or immediate actions required by the receiving physician]

Attached to this letter are the patient's most recent clinical notes, laboratory results, and imaging reports. Should you require any further information regarding this patient's history, please contact my office at [Phone Number].

Thank you for collaborating in the ongoing care of this patient.

Sincerely,

[Signature]

[Printed Name and Title]
[Medical License Number]