

[Date]

[Parent/Guardian Name]

[Address Line 1]

[Address Line 2]

Subject: Notification of Transition of Care for [Patient Name]

Dear [Parent/Guardian Name],

I am writing to formally notify you of a change regarding the healthcare provider for [Patient Name]. Effective [Date], [Patient Name]'s care will be transitioned from [Current Provider/Clinic Name] to [New Provider/Clinic Name].

To ensure a seamless transition and continuity of care, we have outlined the following details:

- **New Provider Name:** [Provider Name]
- **New Facility Location:** [Address]
- **Contact Information:** [Phone Number/Email]
- **Date of First Appointment (if scheduled):** [Date/Time]

We are currently in the process of transferring all relevant medical records, including immunization history, current medications, and treatment plans, to the new provider. If you have not already signed a records release authorization form, please contact our office at [Phone Number] to complete this step.

Your child's health and well-being remain our top priority. If you have any questions regarding this transition or if you would like to discuss alternative care options, please do not hesitate to contact us.

Thank you for your trust and cooperation during this transition.

Sincerely,

[Your Name/Signature]

[Your Title/Organization]

[Phone Number]