

[Date]

[Patient Name]

[Patient Address]

[Patient Phone Number]

RE: Transition of Care for [Patient Name]

Condition(s): [List Chronic Conditions, e.g., Type 2 Diabetes, Hypertension]

Dear [Recipient Name/New Provider Name],

This letter is to formally transition the medical management of [Patient Name] from [Current Provider/Clinic Name] to your care, effective [Transition Date].

Clinical Summary:

[Patient Name] has been under my care since [Start Date] for the management of [Condition 1] and [Condition 2]. The current treatment goals are [Goals, e.g., maintaining A1C below 7%].

Current Medications:

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

Recent Lab Results & Diagnostics:

- [Test Name]: [Result] ([Date])
- [Test Name]: [Result] ([Date])

Pending Follow-ups:

The patient is currently scheduled for [Upcoming Test/Procedure] on [Date]. They require routine monitoring of [Specific Metric] every [Number] months.

I have enclosed the patient's comprehensive medical records, including the most recent office notes and immunization history. Please contact my office at [Phone Number] if you require further clarification regarding this patient's history or treatment plan.

Sincerely,

[Signature]

[Provider Name]

[Provider Title]

[Clinic Name]