

**Date:** [Date]

**RE:** Transfer of Care for [Patient Full Name]

**Date of Birth:** [Patient Date of Birth]

To Whom It May Concern,

This letter is to formally transfer the medical care of [Patient Name] to a provider in your area due to the family relocating to [New City, State] on [Relocation Date].

**Current Medical Status:**

[Patient Name] is currently up to date on all age-appropriate immunizations. Their last well-child examination was completed on [Date of Last Physical].

**Medical History Summary:**

- **Chronic Conditions:** [List conditions or state "None"]
- **Active Medications:** [List medications and dosages]
- **Allergies:** [List allergies and reactions]
- **Surgical History:** [List past procedures]

**Specialist Involvement:**

The patient is currently being followed by the following specialists:

- [Specialty]: [Provider Name] - [Phone Number]
- [Specialty]: [Provider Name] - [Phone Number]

**Attachments:**

Attached to this letter, please find the following documentation:

- Complete Immunization Record
- Growth Charts
- Most Recent Well-Visit Summary
- Specialist Consultation Reports (if applicable)

We have provided the family with a 30-day supply of current medications to ensure continuity during their move. Please contact our office at [Your Phone Number] or via [Your Email/Portal] if you require further clinical details or clarification.

Sincerely,

[Physician Name, MD/DO]

[Practice Name]

[Practice Address]

[Practice Phone Number]