

[Current Date]

[Patient Name]

[Patient Date of Birth]

[Patient Address]

[Patient Phone Number]

RE: Transfer of Care due to Out-of-State Relocation

To Whom It May Concern,

I am writing to formally request a transfer of my medical records and care to a new primary care provider. Due to a relocation to [Name of New State], my last day of care with [Current Doctor/Clinic Name] will be [Date].

Please send a copy of my complete medical records, including immunization records, recent lab results, imaging reports, and current medication lists to my new provider listed below:

[New Provider Name or Clinic Name]

[New Clinic Address]

[New Clinic Phone Number]

[New Clinic Fax Number]

I have also attached a signed medical records release form as required. Please ensure that I have enough refills for my current maintenance medications to last until my initial appointment with my new physician on [Date of Appointment or "approximately 30 days"].

Thank you for the care provided to me during my time as a patient at your practice.

Sincerely,

[Patient Signature]

[Printed Patient Name]