

**Date:** [Date]

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

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

**Diagnosis:** [Primary Chronic Condition]

To [New Physician Name or Medical Group],

I am writing to formally transfer the medical care of [Patient Name], who is relocating to [New State] on [Date of Move]. [Patient Name] has been under my care since [Start Date] for the management of [Chronic Disease Name].

**Current Clinical Status:**

The patient is currently [stable/unstable/in remission]. Our primary goals of treatment have been [brief goal, e.g., glycemic control or pain management].

**Active Medications:**

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

**Recent Diagnostic Results:**

The most recent labs/imaging performed on [Date] indicated [brief summary of results].

**Pending Procedures or Referrals:**

The patient has the following outstanding items: [List any upcoming tests or specialist needs].

**Provider Contact Information:**

Attached are the patient's comprehensive medical records, including immunization history and recent encounter notes. If you require further clarification regarding the transition of care, please contact my office at [Phone Number] or via email at [Email Address].

Thank you for assuming the care of this patient.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]

[Phone Number]