

**Date:** [Date]

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

**Date of Birth:** [DOB]

**Patient ID/MRN:** [ID Number]

**Current Specialty Clinic:** [Name of Clinic]

**Current Specialist:** [Doctor Name]

**Clinic Phone:** [Phone Number]

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**To:** [New Clinic Name / To Whom It May Concern]

**New Clinic Address:** [New Address, City, State, Zip]

Dear Admissions/Transfer Coordinator,

The purpose of this letter is to formally transfer the medical care of the above-named patient to your facility due to their relocation to [New State] effective [Date].

**Diagnosis & Clinical Summary:**

[Patient Name] has been under our care since [Year] for the management of [Primary Condition/Diagnosis]. Their current clinical status is [Stable/Guarded/Active].

**Current Treatment Plan:**

The patient is currently receiving the following treatments/therapies:

- [Treatment/Medication 1]
- [Treatment/Medication 2]
- [Specialized Procedure/Device]

**Last Visit Date:** [Date]

**Next Recommended Follow-up:** [Date/Timeframe]

**Attachments Included:**

- Recent Clinical Progress Notes
- Diagnostic Imaging and Lab Results
- Current Medication List
- [Additional Documents]

Please contact our office at [Phone Number] if you require further clinical details or a formal peer-to-peer handoff. We have advised the patient to contact your office directly to establish an intake appointment.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Title/Specialty]

[Clinic Name]