

[Date]

[Recipient Name/Clinic Name]

[Recipient Address]

[City, State, Zip Code]

RE: Transfer of Obstetric Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Estimated Date of Delivery (EDD): [EDD]

Dear Dr. [Provider Last Name],

I am writing to formally transfer the obstetric care of [Patient Name], who is relocating to [New State] on [Relocation Date]. She is currently [Number] weeks pregnant.

Clinical Summary:

- Gravity/Parity: [G/P]
- Blood Type/Rh: [Type]
- Current Pregnancy Complications: [None/List Complications]
- Past Medical/Surgical History: [List Relevant History]
- Last Ultrasound Date/Results: [Details]

All prenatal records, lab results, and imaging reports are attached to this letter for your review. The patient has been advised to schedule her initial appointment with your office for [Date].

If you require any additional information regarding this patient's history or current status, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Title]

[Clinic Name]