

[Current Date]

[Recipient Name or "To the Cardiology Department"]

[New Facility Name]

[New Facility Address]

[City, State, Zip Code]

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

**Date of Birth: [DOB]**

To Whom It May Concern,

The purpose of this letter is to formally transfer the cardiological care of [Patient Name] to your practice, as they are relocating to [New State] on [Relocation Date].

**Diagnosis and Clinical History:**

[Patient Name] has been under my care since [Start Date] for the management of [Primary Diagnosis, e.g., Coronary Artery Disease, Heart Failure, Atrial Fibrillation]. Their clinical course has been [Stable/Progressive/Complex].

**Recent Cardiac Workup:**

The most recent evaluations include:

- Last Echocardiogram: [Date] - Results: [EF%, Key Findings]
- Last Stress Test: [Date] - Results: [Key Findings]
- Last EKG: [Date] - Results: [Key Findings]
- Recent Lab Work: [Date] - [Relevant values like BNP, Troponin, Potassium]

**Current Medications:**

[List current cardiac medications and dosages]

**Interventions/Procedures:**

[List relevant history such as Stents, CABG, ICD/Pacemaker implantation with lead/device specs]

**Plan of Care:**

I recommend the following follow-up schedule: [Interval for next visit/testing]. The patient has been instructed to contact your office to establish care upon arrival.

Enclosed please find the patient's most recent clinical notes, imaging reports, and laboratory results. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Practice Name]  
[Contact Information]