

Date: [Date]

RE: Transfer of Neurological Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Relocation Date: [Date of Move]

To Whom It May Concern,

This letter serves to formally transfer the neurological care of [Patient Name], who is relocating to [City, State]. [Patient Name] has been under my care since [Year/Date] for the management of [Primary Diagnosis, e.g., Epilepsy, Multiple Sclerosis, Parkinson's Disease].

Clinical Summary:

The patient's current neurological status is [Stable/Progressive/Guarded]. Their clinical course has been characterized by [Brief Summary of Symptoms or Major Events].

Current Medications:

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

Recent Diagnostic Results:

- **MRI/CT Scan:** [Date] - [Key Findings]
- **EEG/EMG:** [Date] - [Key Findings]
- **Relevant Lab Work:** [Date] - [Key Findings]

Treatment Plan and Recommendations:

[Patient Name] requires continued follow-up every [Number] months. Immediate priorities include [e.g., repeating scans, monitoring blood levels, or medication titration].

Full medical records, including imaging discs and laboratory reports, are attached or have been sent via [Method of Delivery]. Please contact my office at [Phone Number] if you require further clarification regarding this patient's history.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]

[Contact Information]