

Date: [Date]

RE: [Patient Full Name]

DOB: [Date of Birth]

Date of Surgery: [Date of Procedure]

To: [Receiving Physician/Provider Name]

Dear [Dr. Name],

This letter is to formally transfer the orthopedic care of [Patient Name] to your practice, effective [Date]. I performed a [Name of Surgical Procedure] on the patient at [Name of Facility].

Clinical Summary:

The patient was treated for [Diagnosis/Indication for Surgery]. The procedure was [Uneventful/Complicated by: Details]. Intraoperative findings included [Key Findings].

Post-Operative Status:

At the most recent follow-up on [Date], the patient was [Improving/Stable]. The surgical incision is [Healing/Closed]. Current weight-bearing status is [Weight-bearing Status].

Current Plan of Care:

- Physical Therapy: [Frequency and Goals]
- Medications: [Current Orthopedic Medications]
- Restrictions: [Activity Restrictions]
- Imaging: [Pending or Recommended Scans]

Recommended Follow-Up:

I recommend the patient be seen by your office in [Number] weeks/months for [Purpose of Visit, e.g., Hardware Check, ROM Assessment].

All relevant operative reports, discharge summaries, and recent imaging reports are enclosed. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Practice Name]