

Date: [Date]

RE: Transfer of Care for [Patient Full Name]

DOB: [Patient Date of Birth]

SSN/ID: [Patient ID Number]

To: [Receiving Physician/Provider Name]

Facility: [Receiving Facility Name]

Address: [Receiving Facility Address]

Dear [Provider Name],

The purpose of this letter is to formally transfer the pulmonology care of [Patient Name] to your practice, effective [Date].

Primary Diagnosis:

[e.g., COPD, Asthma, ILD, Sleep Apnea]

Clinical Summary:

[Brief history of pulmonary condition, including date of diagnosis and progression.]

Current Treatment Plan:

[List medications, dosage, and frequency]

[Include Oxygen requirements or CPAP/BiPAP settings if applicable]

Most Recent Diagnostic Results:

- PFT Results: [Summary and Date]

- Imaging (CT/X-ray): [Key findings and Date]

- Lab Work: [Relevant results]

Reason for Transfer:

[e.g., Patient relocation, specialized care requirement, insurance change]

Pending Follow-up Items:

[List any upcoming tests or procedures already scheduled]

Attached are the relevant medical records, including recent office notes and diagnostic reports. If you require further information, please contact our office at [Your Phone Number].

Sincerely,

[Your Name/Signature]

[Your Title]

[Your Practice Name]