

[Date]

[Recipient Name/Medical Records Department]

[Current Obstetrician's Office Name]

[Office Address]

[City, State, Zip Code]

RE: Transfer of Obstetric Care

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Expected Due Date: [Due Date]

Dear [Doctor Name or Office Manager],

I am writing to formally request a transfer of my obstetric care to a new provider. This decision is due to a change in my health insurance coverage, which is no longer accepted by your facility.

Please transfer my complete prenatal records, including lab results, ultrasound reports, and genetic screening data, to my new provider listed below:

[New Provider Name]

[New Clinic/Hospital Name]

[New Provider Address]

[New Provider Phone Number]

[New Provider Fax Number]

I would appreciate the transfer of these records by [Date] to ensure there is no disruption in my prenatal care. Please let me know if there are any specific release forms I need to sign or if there are any administrative fees associated with this request.

Thank you for the care you have provided me thus far.

Sincerely,

[Patient Signature]

[Patient Printed Name]

[Patient Phone Number]