

Current Date: [Date]

To: [Current Obstetrician/Provider Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

RE: Request for Transfer of Obstetric Care
Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Estimated Due Date: [EDD]

Dear [Provider Name],

I am writing to formally request a transfer of my obstetric care to a new provider. My last scheduled appointment with your office will be on [Date of Last Appointment].

I have chosen to continue my prenatal care and delivery with:

New Provider Name: [New Doctor Name]
New Clinic Name: [New Clinic Name]
New Clinic Phone: [Phone Number]
New Clinic Fax: [Fax Number]

I kindly request that you forward a complete copy of my prenatal records, including all lab results, ultrasound reports, genetic screening, and clinical notes, to the new provider listed above by [Date].

Please let me know if there are any specific authorization forms I need to sign to complete this medical records release. Thank you for the care you have provided to me thus far.

Sincerely,

[Patient Signature]
[Patient Printed Name]
[Patient Phone Number]