

Date: [Date]

To: [Primary Care Physician Name]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

RE: Postpartum Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Delivery Date: [Date of Delivery]

Dear Dr. [PCP Last Name],

This letter is to formally transfer the medical care of [Patient Name] back to your practice following their recent delivery and completion of the immediate postpartum period.

Pregnancy and Delivery Summary:

- **Type of Delivery:** [Vaginal / Cesarean Section]
- **Complications:** [None / e.g., Preeclampsia, Gestational Diabetes, Hemorrhage]
- **Birth Outcome:** [Healthy Infant / Neonatal Intensive Care Admission]

Postpartum Course and Current Status:

- **Physical Recovery:** [Stable / Healing well]
- **Mental Health:** [Screening Negative / Referral made for Postpartum Depression]
- **Blood Pressure:** [Last Reading and Date]
- **Contraception Plan:** [Method chosen or N/A]

Medications:

[List current medications or state "None"]

Follow-up Recommendations for Primary Care:

- [e.g., Repeat Glucose Tolerance Test in 6 months]
- [e.g., Continued Blood Pressure Monitoring]
- [e.g., Iron Supplementation for Anemia]

The patient has been instructed to schedule a follow-up appointment with your office. We have enclosed the discharge summary and relevant lab results for your records.

Thank you for your continued care of this patient. Please contact our office at [Phone Number] if you have any questions.

Sincerely,

[Obstetrician/Midwife Name]

[Practice Name]

[Contact Information]