

Current Date: [Date]

RE: Patient Medical Records Transfer

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Patient Phone: [Phone Number]

To Whom It May Concern,

I am writing to formally transfer the gynecological care of my patient, [Patient Full Name], who is relocating to [State Name].

Clinical Summary:

[Patient Name] has been under my care since [Year/Date]. Her last annual exam was performed on [Date]. Her current diagnoses include [List Conditions or "None"].

Screening History:

Last Pap Smear: [Date] | Result: [Result]

Last Mammogram: [Date] | Result: [Result]

Last HPV Test: [Date] | Result: [Result]

Current Medications and Treatments:

[List Medications, including Birth Control or Hormone Therapy]

Attachments included with this letter:

- Recent laboratory results
- Imaging reports (Ultrasounds/Mammography)
- Most recent pathology reports
- Immunization records (HPV/Gardasil)

Please feel free to contact my office at [Phone Number] or via email at [Email Address] if you require further information regarding her medical history.

Sincerely,

[Doctor Name, MD/DO]

[Practice Name]

[Practice Address]

[City, State, Zip Code]