

Date: [Date]

To: [Receiving Physician Name]

Facility: [Receiving Facility/Clinic Name]

Address: [Address]

RE: Post-Operative Transfer of Care

Patient Name: [Patient Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear [Physician Last Name],

This letter is to formally transfer the post-operative care of [Patient Name] to your clinical supervision, effective [Date]. The patient underwent the following procedure at [Surgical Facility Name] on [Date of Surgery].

Procedure: [Name of Surgery]

Clinical Summary:

- **Indication:** [Reason for surgery]
- **Operative Findings:** [Brief summary of findings]
- **Anesthesia:** [Type of anesthesia used]
- **Complications:** [None or specify]

Current Status and Medications:

[Describe patient's current stability, wound status, and any new medications prescribed upon discharge.]

Post-Operative Instructions:

- **Weight Bearing/Activity:** [Specific restrictions]
- **Wound Care:** [Incision care instructions]
- **Follow-up:** [Date of next scheduled appointment with surgeon]

I have discussed this transfer with the patient, and they are in agreement. All relevant operative reports and discharge summaries are enclosed with this letter. If you have any questions regarding the surgical procedure or the immediate post-operative course, please contact my office at [Phone Number].

Sincerely,

[Signature]

[Surgeon Name, Credentials]

[Department/Practice Name]