Date: [Date]

RE: Transfer of Care - Post-Operative Cardiac Rehabilitation
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Hospital ID: [ID Number]

To the Rehabilitation Team,

This letter serves to formally transfer the care of the above-named patient following a Coronary Artery Bypass Graft (CABG) procedure.

1. Surgical Summary

- **Date of Surgery:** [Date]
- **Procedure:** [e.g., CABG x3 - LIMA to LAD, SVG to RCA/OM]
- **Indication:** [e.g., Triple vessel disease / Unstable Angina]
- **Surgeon:** [Surgeon Name]

2. Clinical Status & Hospital Course

[Brief description of post-operative recovery, e.g., uncomplicated recovery, managed in ICU for 24 hours, transferred to ward on day 2].

3. Current Medications

- Antiplatelets: [Name/Dose]
- Beta-Blockers: [Name/Dose]
- Statins: [Name/Dose]
- ACE Inhibitors: [Name/Dose]
- Analgesia: [Name/Dose]

4. Recovery Milestones & Restrictions

- **Sternal Stability:** [e.g., Sternal precautions for 6-8 weeks]
- **Wound Status:** [e.g., Sternal and donor site incisions healing well, sutures removed]
- **Mobility:** [e.g., Independent with steady gait, climbing one flight of stairs]
- **Exercise Tolerance:** [Current level of activity]

5. Rehabilitation Goals

The patient is referred for phase II/III cardiac rehabilitation to optimize cardiovascular health, manage risk factors, and facilitate a safe return to daily activities and work.

6. Follow-up Plan

- Cardiology Review: [Date/Time]
- Surgical Review: [Date/Time]
- Pathology/Imaging: [Scheduled tests]

Please contact [Contact Name/Department] at [Phone Number] if further information is required.

Sincerely,

[Signature]
[Printed Name]
[Title/Position]
[Hospital/Department Name]