Date: [Date]

TO: Admissions Department / Nursing Director
Facility Name: [SNF Name]
Facility Fax/Phone: [Phone/Fax Number]

RE: Patient Transfer
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Discharge: [Discharge Date]

To the Clinical Staff,

This letter serves as the official transfer summary for the above-named patient, who is being discharged from [Cardiology Clinic/Hospital Name] to your facility for continued sub-acute care and rehabilitation.

Primary Cardiac Diagnosis: [e.g., Congestive Heart Failure / Post-MI / Post-PCI]

Clinical Summary:
The patient was treated for [Primary Condition]. During the hospital stay, the following interventions were performed: [List Procedures/Interventions]. The patient is currently hemodynamically stable for transfer.

Key Clinical Parameters:
- Weight at Discharge: [Weight] (Goal Weight: [Goal])
- Baseline Rhythm: [e.g., Sinus / A-Fib]
- Latest LVEF: [Percentage]%
- Blood Pressure Goal: [Target Range]

Post-Discharge Instructions:
- Medications: See attached medication reconciliation list. Note specific instructions for [Anticoagulants/Diuretics].
- Activity Level: [e.g., As tolerated / Cardiac Rehab protocol]
- Diet: [e.g., Low Sodium / Fluid Restricted to X Liters]
- Wound Care: [Instructions for surgical sites or catheter access points]

Follow-Up Care:
The patient is scheduled for a follow-up appointment at our Cardiology Clinic on [Date] at [Time]. Please arrange transportation accordingly.

If there is any acute change in status, including increased shortness of breath, sudden weight gain (>2lbs/day), or chest pain, please contact our office immediately or transfer to the nearest Emergency Department.

Sincerely,

[Doctor Name, MD/DO]
[Clinic Name]
[Phone Number]