Date: [Date]

TO: [Receiving Skilled Nursing Facility Name]
ATTN: Nursing Director / Respiratory Therapy Department
RE: Transfer of [Patient Full Name]
DOB: [Patient Date of Birth]

Dear Clinical Staff,

This letter serves as the formal transfer summary for the above-named patient from [Pulmonology Clinic Name] to your facility. The patient is being managed for [Primary Respiratory Diagnosis, e.g., COPD, Respiratory Failure].

1. Current Respiratory Status

Oxygen Requirements: [e.g., 2L via Nasal Cannula / Room Air]
O2 Saturation Target: [e.g., 88-92% or >92%]
Most Recent ABG Results: [Insert Results if applicable]

2. Ventilatory / Airway Support

Device Type: [e.g., CPAP / BiPAP / Trilogy / Tracheostomy]
Settings: [e.g., IPAP, EPAP, Rate, FiO2]
Usage Schedule: [e.g., Nocturnal only / Continuous]

3. Respiratory Medications and Treatments

- **Nebulizer/Inhalers:** [Drug Name, Dosage, Frequency]
- **Secretion Management:** [e.g., Cough Assist, Chest PT, Suctioning frequency]
- **Recent Antibiotics/Steroids:** [List medications and end dates]

4. Follow-up Care

Follow-up Appointment: [Date and Time] at [Clinic Location]
Special Instructions: [e.g., Repeat PFTs, Chest X-ray prior to arrival]

Please contact our office at [Clinic Phone Number] for any clinical clarifications regarding this respiratory care plan.

Sincerely,

[Physician/Provider Signature]
[Physician/Provider Printed Name]
[Pulmonology Clinic Name]