Date: [Date]

TO: Admissions Department / Nursing Staff
FACILITY: [Name of Skilled Nursing Facility]
RE: Transfer of [Patient Full Name]
DOB: [Patient Date of Birth]

Dear Admissions Team,

Please accept this letter for the transfer of the above-named patient from [Internal Medicine Clinic Name] to your Skilled Nursing Facility for long-term care and rehabilitation.

Primary Diagnoses:

- [Diagnosis 1]
- [Diagnosis 2]
- [Diagnosis 3]

Reason for Transfer:
The patient requires [24-hour nursing care / assistance with ADLs / wound care / physical therapy] due to [specific medical reason or decline in status].

Medical History and Medication:
Please refer to the attached Medication Administration Record (MAR) and recent clinical notes. The patient is currently stable for transport via [Ambulance/Ambulette].

Code Status: [Full Code / DNR / DNI]

Enclosures:

- Recent History and Physical (H&P)
- Current Medication List
- Latest Lab Results and Imaging
- Insurance Information

If you require further clinical information, please contact our clinic at [Phone Number].

Sincerely,

[Doctor Name, MD/DO]
[Clinic Name]
[License Number]
[Contact Information]