[Current Date]

[Patient Name]
[Patient Address]
[Patient Phone Number]
[Patient Date of Birth]

RE: Transfer of Asthma Care Due to Clinic Relocation

Dear [Patient Name],

We are writing to formally notify you that [Current Clinic Name] will be relocating to a new facility on [Date of Move]. As a result of this relocation, we are coordinating the transfer of your asthma management and medical records to ensure continuity of care.

New Clinic Information:
Clinic Name: [New Clinic Name]
Address: [New Clinic Street Address, City, State, Zip]
Phone Number: [New Clinic Phone Number]

Your upcoming appointment scheduled for [Date] at [Time] has been moved to the new location. If this location is no longer convenient for you, please contact us immediately so we can assist you in finding a provider closer to your home or provide you with a copy of your medical records for a different transfer.

Your medical history, including your Asthma Action Plan, current prescriptions, and pulmonary function test results, will be securely transferred to the new site. You do not need to take any action regarding your records at this time.

If you have any questions regarding your treatment or the relocation process, please call our office at [Current Phone Number] before [Date of Move].

Sincerely,

[Doctor/Provider Name]
[Current Clinic Name]