Date: [Date]

From:
[Current Rheumatologist Name]
[Practice Name]
[Address]
[Phone Number]

To:
[New Rheumatologist Name]
[New Practice Name]
[Address]

Subject: Patient Transition of Care: [Patient Name], DOB: [DOB]

Dear Dr. [New Rheumatologist Last Name],

I am writing to formally transition the care of [Patient Name], who has been under my treatment for Rheumatoid Arthritis since [Year of Diagnosis]. Due to [Reason for Transition: e.g., relocation/insurance change/referral], the patient will be continuing their long-term management with your clinic starting [Date].

Clinical Summary:

- **Diagnosis:** [Seropositive/Seronegative] Rheumatoid Arthritis.
- **Disease Activity:** [Stable / Active / In Remission].
- **Latest Lab Results:** [Date]: RF: [Value], anti-CCP: [Value], ESR: [Value], CRP: [Value].
- **Radiographic Findings:** [Summary of erosions or joint damage].

Current Medication Regimen:

- [Biologic/JAK Inhibitor Name and Dosage] - Last administered on [Date].
- [Conventional DMARD Name and Dosage]
- [NSAID/Glucocorticoid Name and Dosage]

History of Intolerance/Failure:
The patient has previously tried and discontinued: [List medications and reasons].

Follow-up Plan:
The patient is currently due for [Lab work/Imaging/Next Infusion] on [Date].

Attached are the most recent clinical notes, laboratory reports, and imaging results. Please contact our office at [Phone Number] if you require further information.

Sincerely,

[Signature]
[Current Rheumatologist Name]
[Credentials]