Date: [Date]

To: [Receiving Physician/Facility Name]
Address: [Street Address, City, State, Zip]

Re: Transfer of Care for Congestive Heart Failure Management

Patient Name: [Patient Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear Dr. [Recipient Last Name],

The purpose of this letter is to formally transfer the clinical management of the above-named patient for Congestive Heart Failure (CHF) to your care effective [Transfer Date].

Diagnosis and History:
The patient has been diagnosed with [Type of Heart Failure, e.g., HFrEF or HFpEF] with a documented Ejection Fraction of [%] as of [Date]. Primary etiology includes [e.g., Ischemic Cardiomyopathy, Hypertension, Valvular Disease].

Current Clinical Status:
- NYHA Functional Class: [I, II, III, or IV]
- Current Weight: [Weight] (Dry weight: [Weight])
- Recent Lab Results: [NT-proBNP level, Creatinine, Potassium]

Active Medications:
- Beta Blocker: [Name and Dosage]
- ACE/ARB/ARNI: [Name and Dosage]
- MRA: [Name and Dosage]
- SGLT2 Inhibitor: [Name and Dosage]
- Diuretic Regimen: [Name and Dosage]

Recent Interventions/Devices:
[Details of ICD, CRT-D, recent hospitalizations, or surgical procedures]

Management Goals and Recommendations:
[Insert specific goals, such as titration of GDMT, fluid restriction levels, or upcoming follow-up imaging].

Attached are the most recent echocardiogram report, ECG, and latest discharge summary. Please contact our office at [Phone Number] if you require further clinical details.

Sincerely,

[Your Name/Signature]
[Your Title]
[Your Facility/Practice Name]