Date: [Date]

From:
[Referring Clinician Name]
[Referring Clinic Name]
[Address/Contact Information]

To:
[Receiving Clinician/Specialist Name]
[Receiving Clinic Name]
[Address]

RE: Transfer of Care for Osteoporosis Management

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID/MRN: [ID Number]

Dear [Recipient Name],

I am writing to formally transfer the clinical care of the above-named patient for the ongoing management of osteoporosis.

Clinical Diagnosis:
[e.g., Primary Postmenopausal Osteoporosis / Secondary Osteoporosis due to...]

Most Recent DXA Results:
Date: [Date]
Lumber Spine (L1-L4) T-Score: [Score]
Total Hip T-Score: [Score]
Femoral Neck T-Score: [Score]

Fracture History:
[List dates and sites of fragility fractures, or state "None"]

Current Treatment Plan:
Medication: [Name, Dosage, and Frequency]
Last Dose Administered/Prescribed: [Date]
Next Dose Due: [Date]
Supplements: [e.g., Vitamin D/Calcium dosages]

Relevant Co-morbidities & Contraindications:
[e.g., Chronic Kidney Disease, GERD, Dental issues, etc.]

Reason for Transfer:
[e.g., Patient relocation / Requirement for specialist infusion / Long-term monitoring]

Please find the attached medical records, including recent lab results (Serum Calcium, Vitamin D, Creatinine) and full DXA reports.

I have informed the patient of this transfer. Thank you for assuming the ongoing care of this patient.

Sincerely,

[Signature]

[Printed Name]
[Title/Credentials]