Date: [Date]

To: [Receiving Physician/Facility Name]
Department: [Department Name]
Address: [Facility Address]

RE: Patient Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear Dr. [Recipient Last Name],

The purpose of this letter is to formally transfer the outpatient cardiac care of [Patient Name] to your practice effective [Date]. The patient has been under my care for the management of **Coronary Artery Disease (CAD)**.

Clinical Summary:
[Brief history of CAD diagnosis, e.g., Stable/Unstable Angina, History of MI, or Asymptomatic].

Cardiac Interventions:
[List previous PCI, Stent placements, or CABG with dates and vessel locations].

Current Cardiac Status:
[Most recent CCS Angina Grade, NYHA Functional Class, and relevant symptoms].

Recent Diagnostic Results:
- **Echocardiogram:** [Date, LVEF %, Wall motion abnormalities]
- **Stress Test:** [Date, Type, Results]
- **Cardiac Catheterization:** [Date, Key findings]

Current Medication List:
[List medications, dosages, and frequency, specifically Antiplatelets, Statins, Beta-Blockers, ACE/ARBs].

Comorbidities:
[List other relevant conditions, e.g., Hypertension, Diabetes, CKD].

Reason for Transfer:
[Reason, e.g., Patient relocation, Transition to specialized center].

Follow-up Recommendations:
[Suggested timing for next office visit, labs, or imaging].

I have attached the most recent office notes and diagnostic reports for your review. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Credentials]
[Your Clinic Name]