

[Sender Name]
[Current Facility/Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name/New Provider Name]
[New Facility/Clinic Name]
[Address]
[City, State, Zip Code]

RE: Transfer of Medical Care for [Patient Full Name] (DOB: [Date of Birth])

Dear [Recipient Name],

I am writing to formally transfer the medical care of [Patient Name] to your practice, effective [Date], due to their geographic relocation to your area. [Patient Name] has been under my care since [Start Date] for the management of [Primary Diagnosis/Conditions].

Included with this letter, please find the patient's comprehensive medical records, which include:

- Current problem list and medical history
- Active medication list and dosages
- Recent laboratory results and diagnostic imaging reports
- Immunization records
- Most recent clinical notes and treatment plan

The patient's next scheduled follow-up was intended for [Date] to address [Specific Goal/Follow-up Reason]. I have advised the patient to contact your office directly to establish a new patient appointment.

If you require any further information or clarification regarding this patient's history or treatment, please feel free to contact my office at [Phone Number].

Sincerely,

[Signature]
[Typed Name]
[Credentials/Title]