

[Current Date]

[Receiving Doctor or Clinic Name]

[Clinic Address]

[City, State, Zip Code]

RE: Transfer of Care for [Patient Full Name]

Date of Birth: [Patient DOB]

Current Address: [Patient Current Address]

Dear [Recipient Name],

The purpose of this letter is to formally transfer the medical care of [Patient Name] to your practice, effective [Date], due to the patient's relocation to your area.

Clinical Summary:

[Patient Name] has been under my care since [Start Date]. Their primary diagnoses include [List Primary Conditions].

Current Medications:

[List Medications and Dosages]

Allergies:

[List Allergies]

Recent Treatments and Ongoing Care:

[Provide brief summary of recent tests, procedures, or outstanding referrals]

Enclosed/attached please find the patient's comprehensive medical records, including recent laboratory results, imaging reports, and immunization records.

I have advised the patient to contact your office to schedule an establishing appointment. Please contact our office at [Phone Number] or [Email] if you require any further information or clarification regarding this transition.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Practice Name]

[Contact Information]