Date: [Insert Date]

From (Referring Physician/Clinic):
[Doctor Name]
[Clinic/Hospital Name]
[Address]
[Phone Number]
[Email Address]

To (Receiving Physician/Medical Facility):
[Doctor Name or "To Whom It May Concern"]
[Facility Name]
[City, Country]

Subject: Transfer of Medical Care for [Patient Full Name]

Patient Details:
Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
Nationality: [Nationality]
Passport Number (Optional): [Number]

Dear Colleague,

The purpose of this letter is to formally transfer the medical care of [Patient Name] to your practice following their international relocation to [New Country]. I have been the patient's primary [Specialty] provider since [Year/Date].

Clinical Summary and Diagnosis:
[Provide a brief history of the patient's condition, active diagnoses, and any major surgical history.]

Current Medications:
[List Generic Drug Name] - [Dosage] - [Frequency]
[List Generic Drug Name] - [Dosage] - [Frequency]

Allergies:
[List all known allergies or state "No Known Drug Allergies"]

Ongoing Treatment Plan:
[Outline recent test results, upcoming screenings, or required follow-up procedures.]

Immunization Status:
[State if records are attached or summarize status.]

Attached to this letter are the patient's most recent lab results, imaging reports, and full medical summaries for your review.

Please do not hesitate to contact me via email or phone should you require further clarification regarding this patient's medical history.

Sincerely,

[Signature]
[Printed Name]
[Medical License Number]
[Professional Stamp/Seal]