[Date]

[Patient Full Name]
[Patient Date of Birth]
[Patient Identification Number/ID]

[Current Clinic Name]
[Current Clinic Address]
[Phone Number]
[Email Address]

RE: Medical Records Transfer and International Relocation

To Whom It May Concern,

This letter serves as a formal transfer summary for the above-named patient, who is relocating internationally to **[New Country]**. The patient has been under the care of **[Doctor's Name]** at this facility since **[Start Date]**.

Current Diagnoses and Medical History:
[List primary conditions or "See attached medical history"]

Current Medications:
[List medication names, dosages, and frequencies]

Recent Treatments and Procedures:
[List recent interventions or surgeries]

Immunization Status:
[State if vaccinations are up to date or see attached record]

Recommendations for Continued Care:
[List specific follow-up requirements or specialist referrals]

Attached to this letter, please find the patient's comprehensive medical records, including recent laboratory results, diagnostic imaging reports, and vaccination certificates required for international travel and residency.

Should the receiving physician or clinic require further clarification regarding this patient's medical history, please contact our office during business hours.

Sincerely,

[Signature]
[Doctor's Name, Title]

[Medical License Number]
[Clinic Stamp/Seal]