Date: [Insert Date]

From:
[Doctor Name]
[Clinic/Hospital Name]
[Address]
[Phone Number]
[Email Address]

To:
[New Medical Provider Name (if known, otherwise "To Whom It May Concern")]
[Address/City/Country]

Subject: Patient Care Transfer - [Patient Full Name]

Dear Colleague,

This letter serves as a formal transfer of care for [Patient Full Name], Date of Birth: [DOB], who is relocating to [New Country/City] on [Date].

Clinical Summary:
[Patient Name] has been under my care since [Year] for the management of [Primary Diagnoses/Conditions].

Current Medications:
The patient is currently prescribed the following medications:

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

Allergies:
[List Allergies or state "No Known Drug Allergies"]

Recent Treatment and Status:
[Brief description of recent lab results, surgeries, or ongoing therapy]. The patient's condition is currently [Stable/Requiring Active Monitoring].

Recommendations for Follow-up:
I recommend that the patient receives follow-up care for [Specific Condition] within [Number] months of arrival. Attached are copies of the most recent clinical notes, laboratory results, and immunization records.

Please feel free to contact my office if you require further information or clarification regarding this patient's medical history.

Sincerely,

[Signature]
[Doctor Name]
[Medical License Number]