Date: [Date]

RE: Transfer of Medical Care
Patient Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
Passport Number: [Passport Number]

To whom it may concern,

This letter is to formally transfer the medical care of the above-named patient from [Current Hospital/Clinic Name] in [Current Country] to [Receiving Hospital/Clinic Name] in [Destination Country].

Clinical Summary:
The patient has been under my care since [Date] for the management of [Primary Diagnosis/Condition]. Recent treatments include [List major treatments, surgeries, or medications].

Current Medications:
[List medication names and dosages]

Reason for Transfer:
[Relocation / Specialized treatment / Continuity of care]

Medical Stability for Travel:
The patient is currently stable and is cleared for international travel via [Commercial Flight / Medical Evacuation / Ground Transport]. [Mention any specific requirements, e.g., supplemental oxygen or wheelchair assistance].

Comprehensive medical records, including diagnostic imaging and laboratory results, are attached to this letter.

Please contact my office at [Phone Number] or [Email Address] should you require further information regarding this transition.

Sincerely,

Signature: _____

Physician Name: [Full Name and Title]
Medical License Number: [License Number]
Facility: [Hospital/Clinic Name]
Contact Info: [Phone/Email]