Date: [Current Date]

RE: Patient Care Transfer
Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Medical Record Number: [MRN, if applicable]

To Whom It May Concern,

This letter serves as a formal clinical summary and transfer of care for the aforementioned patient, who is relocating from [Current City/Country] to [New City/Country] on [Relocation Date].

Diagnosis and Medical History:
[List primary diagnoses, chronic conditions, and relevant surgical history]

Current Medication Regimen:
[List medication names, dosages, and frequency]

Recent Clinical Status:
[Brief summary of recent lab results, imaging, or treatment stability]

Ongoing Treatment Plan:
[Outline required follow-up appointments, pending tests, or necessary therapies]

Vaccination Status:
[Note if records are attached or summarize key immunizations]

I have provided the patient with a copy of their complete medical records to facilitate a seamless transition to their new healthcare provider. Should you require further clarification regarding this patient's history or treatment plan, please contact my office at [Phone Number] or [Email Address].

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical License Number]
[Clinic/Hospital Name]