Date: [Date]

RE: Transfer of Medical Records and Care Coordination

Patient Name: [Patient Full Name]
Date of Birth: [Patient Date of Birth]
Patient Address: [Current Address]

To Whom It May Concern,

I am writing to formally request the transfer of medical care and records for the above-named patient, who is relocating from [Current Country] to [New Country] on [Date of Relocation].

Current Medical Status:
[Patient Name] is currently under my care for the following conditions:
- [Condition 1]
- [Condition 2]

Current Medications:
The patient is currently prescribed the following medications:
- [Medication Name, Dosage, and Frequency]
- [Medication Name, Dosage, and Frequency]

Clinical Summary:
[Brief summary of recent treatments, surgeries, or ongoing therapies].

Vaccination Status:
[Brief statement regarding immunization records, e.g., "Up to date" or "Attached"].

Please find the attached copies of recent laboratory results, diagnostic imaging reports, and a comprehensive medical history. We recommend that the patient establishes care with a new provider in [New City/Country] as soon as possible to ensure continuity of treatment.

Should you require any further information or clarification regarding this patient's medical history, please do not hesitate to contact my office at [Phone Number] or [Email Address].

Sincerely,

[Physician Signature]

[Physician Name, Title]
[Clinic/Hospital Name]
[Contact Information]