Date: [Date]

RE: Continuity of Care / Clinical Summary
Patient Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
Passport Number: [Number - Optional]
Relocation Date: [Date]

To Whom It May Concern,

I am writing to provide a clinical summary for the above-named patient, who is currently under my care and is relocating to [Destination Country]. This letter is intended to facilitate the transition of their medical management to a local healthcare provider.

Diagnosis & Medical History:
[List primary and secondary diagnoses, including dates of onset]

Current Medication Regimen:
[Drug Name] - [Dosage] - [Frequency]
[Drug Name] - [Dosage] - [Frequency]

Recent Clinical Findings:
[Summarize latest lab results, imaging, or physical exam findings]

Current Treatment Plan & Recommendations:
[Detail ongoing therapies, required monitoring, and next steps for the new physician]

Allergies:
[List drug or food allergies]

I have provided the patient with a copy of their recent medical records and diagnostic reports. Please feel free to contact my office at [Phone Number] or via email at [Email Address] should you require further clinical details or clarification.

Sincerely,

[Physician Signature]
[Physician Name, Degree]
[Medical License Number]
[Clinic/Hospital Name]
[Contact Information]