Date: [Date]

[Receiving Doctor Name/Clinic Name]
[Department]
[Receiving Institution Address]
[Country]

RE: International Patient Transfer and Medical Summary

Patient Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
Nationality: [Patient Nationality]
Passport Number: [Number - Optional]

Dear Dr. [Recipient Last Name],

This letter serves as a formal transfer of care for the above-named patient, who is relocating from [Current Country] to [New Country]. The patient has been under my care at [Current Clinic Name] since [Start Date] for the management of [Primary Diagnosis/Condition].

Medical History and Diagnosis:
[Brief description of clinical history, comorbidities, and dates of major procedures or hospitalizations].

Current Medication and Treatment Plan:
The patient is currently stabilized on the following regimen:
- [Medication Name], [Dosage], [Frequency]
- [Medication Name], [Dosage], [Frequency]
- [Specialized therapies or equipment requirements]

Latest Clinical Status:
[Summary of most recent lab results, imaging, or physical exam findings].

Reason for Transfer:
The patient is relocating internationally and requires continuity of care, specifically for [mention specific ongoing needs like infusion, dialysis, or chronic monitoring].

Enclosed are the patient's comprehensive medical records, including diagnostic reports and vaccination history. Please do not hesitate to contact me at [Email Address] or [Phone Number] should you require further information regarding this transition.

Sincerely,

[Doctor Signature]
[Doctor Full Name]
[License/Registration Number]

[Current Clinic Name]
[Contact Information]