Date: [Insert Date]

RE: Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
Nationality/ID Number: [Insert ID or Passport Number]

To Whom It May Concern,

This letter serves as a formal transfer of medical care for the above-named patient, who is relocating from [Originating Country] to [Destination Country].

1. Medical History and Diagnosis

[Briefly describe primary diagnoses and clinical history]

2. Current Medications

- [Drug Name] - [Dosage] - [Frequency]
- [Drug Name] - [Dosage] - [Frequency]

3. Allergies

[List allergies or state "No Known Drug Allergies"]

4. Recent Investigations and Results

[List relevant blood tests, imaging, or procedures with dates]

5. Ongoing Treatment Plan

[Describe required follow-up, upcoming appointments, or necessary procedures]

6. Clinical Summary

[Provide a summary of the patient's current stability and any specific risks]

Should you require further clinical information or clarification regarding this patient's management, please do not hesitate to contact me.

Sincerely,

Signature: _____
Name: [Doctor's Name]
Title: [e.g., Consultant Cardiologist / General Practitioner]

Medical License Number: [Insert Number]
Institution: [Hospital/Clinic Name]
Contact Details: [Phone and Email]