Date: [Date]

RE: Patient Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DD/MM/YYYY]
National Health ID/SSN: [ID Number]

To Whom It May Concern,

I am writing to formally transfer the medical care of the above-named patient, as they are relocating internationally to [City, Country]. This letter provides a summary of their medical history to ensure continuity of care with their new primary care provider.

Current Diagnoses and Medical History:

- [Diagnosis 1]
- [Diagnosis 2]
- [Diagnosis 3]

Active Medications:

- [Medication Name, Dosage, and Frequency]
- [Medication Name, Dosage, and Frequency]

Allergies:

[List Allergies or state 'No Known Drug Allergies']

Immunization Status:

[Brief summary or reference to attached vaccination record]

Recent Lab Results and Screenings:

[Summary of significant recent findings or attached reports]

Pending Referrals or Follow-up Actions:

[List any outstanding tests, specialist appointments, or monitoring requirements]

The patient has been provided with a copy of their comprehensive medical records. Should you require further clarification, please do not hesitate to contact my office.

Sincerely,

[Signature]
Dr. [Doctor's Name]
[Medical License Number]
[Clinic/Practice Name]
[Contact Email]
[Phone Number]