

**Date:** [Date]

**To:** [Primary Care Physician Name]

**Facility Name:** [Assisted Living Facility Name]

**Facility Address:** [Facility Street Address, City, State, Zip]

**RE: Transfer of Care / Consultation Summary**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Date of Service:** [Date of Visit]

Dear Dr. [PCP Last Name] and Health Services Director,

I saw [Patient Name] today for a specialist evaluation regarding [Reason for Visit/Diagnosis]. Please update the resident's clinical record and medication administration record (MAR) based on the following instructions:

**Clinical Findings:**

[Brief summary of assessment and stable/unstable status]

**Medication Changes:**

- **New Medication:** [Drug Name, Dosage, Frequency, Route, Indication]
- **Discontinued Medication:** [Drug Name]
- **Modified Medication:** [Change Details]

**Plan of Care & Facility Instructions:**

[List specific nursing tasks, monitoring requirements, or activity restrictions]

**Follow-Up:**

The patient is scheduled to return to my office on [Date/Time] for [Purpose].

Please contact my office at [Phone Number] if there are any questions regarding these orders or if the resident's condition changes.

Sincerely,

[Specialist Signature]

[Specialist Printed Name]

[Specialty Practice Name]