

Date: [Date]

To: [Primary Care Physician Name]

Clinic Name: [Clinic Name]

Fax/Phone: [Contact Information]

RE: Patient Transfer Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Visit: [Date of ED Admission]

Reason for ED Visit:

[Brief description of presenting symptoms/complaint]

Diagnosis:

[Final diagnosis or clinical impression]

Summary of Care:

[Brief summary of tests performed (Labs, Imaging), results, and treatments administered in the ED]

Medications Administered/Prescribed:

[List any new medications or changes to existing regimen]

Discharge Instructions & Follow-up Requirements:

[Specify required follow-up actions, e.g., "Schedule appointment within 3 days", "Repeat blood work"]

Status at Discharge:

[Stable / Improved / Needs further monitoring]

Enclosures:

Lab Results

Imaging Reports

ECG

Sincerely,

[Attending Physician Name]

[Emergency Department Name]

[Phone Number]