

**Date:** [Date]

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

**Facility Name:** [Clinic/Practice Name]

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

**RE: Patient Follow-up and Transfer of Care**

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

**Date of Birth:** [DOB]

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

Dear Dr. [Physician Last Name],

This letter is to formally notify you that your patient, [Patient Name], was treated at [Emergency Department/Hospital Name] on [Date] for [Brief Reason for Visit/Diagnosis].

**Summary of Treatment:**

The patient presented with [Symptoms]. Diagnostic tests included [Tests Performed]. The final diagnosis was [Diagnosis]. Treatment provided included [Medications/Procedures].

**Discharge Status:**

The patient was discharged in [Stable/Improved] condition with the following instructions:

- Medications prescribed: [List Medications]
- Activity restrictions: [List Restrictions]
- Immediate concerns: [Warning Signs]

**Follow-up Requirements:**

We have advised the patient to schedule a follow-up appointment with your office within [Number] days for [Purpose of Follow-up].

Attached are the discharge summary, lab results, and imaging reports for your records. Please contact our department at [Phone Number] if you require further clinical details.

Sincerely,

[Your Name/Attending Physician Name]

[Title/Department]

[Emergency Facility Name]