

Date: [Date]

To: [Primary Care Physician Name]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

RE: Patient Follow-Up Care Transfer

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Incident: [Date of Trauma]

Date of Discharge: [Discharge Date]

Dear Dr. [Physician Last Name],

This letter serves to formally transfer the primary follow-up care of the above-named patient to your office following their recent treatment for traumatic injuries.

Summary of Injuries:

[List primary diagnoses and major injuries]

Procedures Performed:

[List surgeries or major interventions]

Current Medications:

[List medications, dosages, and durations]

Recommended Follow-Up Plan:

- **Wound Care:** [Instructions for suture/staple removal or dressing changes]
- **Imaging/Labs:** [Pending tests or required repeat scans]
- **Physical Therapy:** [Frequency and goals]
- **Specialist Referrals:** [List scheduled appointments with Orthopedics, Neurology, etc.]

Red Flags:

The patient has been instructed to seek immediate medical attention if they experience: [List specific symptoms].

Enclosed please find the complete discharge summary and relevant imaging reports. If you have any questions regarding this transition, please contact our department at [Phone Number].

Sincerely,

[Signature]

[Your Name/Title]

[Facility Name]