

**Date:** [Date]

**To:** [Receiving Therapist/Provider Name]

**Facility:** [Receiving Facility Name]

**Phone/Fax:** [Contact Information]

**RE: Transfer of Care**

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

**Date of Birth:** [DOB]

**Diagnosis/ICD-10:** [Diagnosis Code and Description]

Dear [Recipient Name],

This letter is to formally transfer the orthopedic physical therapy care of [Patient Name] to your facility effective [Start Date] due to [Reason for Transfer: e.g., Patient relocation, insurance change, specialized equipment needs].

**Clinical Summary:**

The patient began treatment on [Initial Evaluation Date] following [Description of Injury/Surgery Date]. To date, the patient has completed [Number] sessions. Treatment has focused on [Summary of Interventions: e.g., manual therapy, therapeutic exercise, gait training].

**Current Status:**

- **Range of Motion:** [Current ROM Measurements]
- **Strength:** [Current MMT Grades]
- **Functional Status:** [Current Limitations/Mobility Status]
- **Precautions:** [Weight-bearing status, ROM restrictions, etc.]

**Goals and Recommendations:**

The current plan of care aims to [State Primary Goal]. I recommend continuing with [Specific Exercise Progression/Modality] and focusing on [Specific Functional Task]. The patient is currently scheduled for follow-up with their orthopedic surgeon, Dr. [Surgeon Name], on [Date].

Attached you will find the Initial Evaluation, most recent Progress Note, and the current Home Exercise Program (HEP).

Please contact me at [Your Phone Number] or [Your Email] if you require further clarification regarding this patient's rehabilitation.

Sincerely,

[Your Signature]

[Your Printed Name], [Title: e.g., PT, DPT]

[Your Facility Name]