**Date:** [Date]

**RE: Transfer of Care**
**Patient Name:** [Patient Full Name]
**Date of Birth:** [DOB]
**Admission Date:** [Date]
**Discharge/Transfer Date:** [Date]

**To:** [Receiving Facility/Provider Name]
**Attention:** [Admissions Department/Specific Clinician]

Dear [Recipient Name or Title],

This letter serves as formal documentation for the transfer of care for the above-named patient from [Current Facility Name] to [Receiving Facility Name].

**Diagnosis and Clinical Summary:**
The patient was admitted for inpatient treatment of [Specific Substance Use Disorders]. During their stay, the patient completed [Number] days of treatment, focusing on [Medical Detox/Residential Stabilization/Group Therapy].

**Current Medications:**
[List medications, dosages, and frequencies, or attach Medication Administration Record]

**Reason for Transfer:**
[Specify reason: e.g., transition to lower level of care, specialized dual-diagnosis treatment, or proximity to family support].

**Treatment Recommendations:**
[List specific follow-up requirements, therapy needs, or medical precautions].

**Required Documentation Attached:**

- Discharge Summary
- Current Treatment Plan
- Recent Lab Results
- History and Physical (H&P)

We have coordinated this transfer with [Name of Contact at Receiving Facility]. Please contact us at [Phone Number] if you require additional clinical information.

Sincerely,

[Signature]
[Printed Name]

[Title/Credentials]
[Facility Name]