**Date:** [Date]

**RE:** [Patient Full Name]
**Date of Birth:** [Patient DOB]
**Case Number:** [Patient Case/ID Number]

**To:** [Receiving Facility/Provider Name]
**Attention:** [Department or Clinician Name]
**Fax/Email:** [Contact Information]

Dear [Recipient Name],

This letter is to formally transfer the outpatient rehabilitation care of the above-named patient to your facility effective [Date].

**Diagnosis and Reason for Transfer:**
[Primary diagnosis and clinical reason for the transfer of care]

**Current Treatment Summary:**
The patient has been receiving [Physical/Occupational/Speech] therapy at our clinic since [Start Date]. Their current frequency of treatment is [Number] sessions per week. Current interventions include: [Brief list of exercises or modalities].

**Current Functional Status:**
[Describe current mobility, range of motion, strength, or cognitive status]

**Goals Achieved:**
[List major milestones reached during treatment at your facility]

**Outstanding Goals and Recommendations:**
[List goals yet to be met and specific recommendations for continued care]

**Precautions/Contraindications:**
[List any weight-bearing restrictions, cardiac precautions, or medical red flags]

Attached please find the initial evaluation, the most recent progress note, and the discharge summary for your review.

If you require any further clinical information, please contact our office at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name and Title]
[Facility Name]
[Facility Address]