[Date]

[Recipient Name/Facility Name]
[Recipient Address]
[City, State, Zip Code]

**RE: Transfer of Care for [Patient Full Name]**
**Date of Birth:** [Patient DOB]
**Patient ID/Chart Number:** [Patient ID]

Dear [Provider Name or Intake Coordinator],

This letter serves as a formal transfer of care for the above-named patient who is currently receiving Medication-Assisted Treatment (MAT) at [Your Facility Name]. The patient is transferring to your facility effective [Date of Transfer].

**Current Medication Regimen:**

- **Medication:** [Name, e.g., Buprenorphine/Naloxone]
- **Dosage:** [Strength/Dose]
- **Frequency:** [e.g., Once daily]
- **Last Dose Administered/Pick-up Date:** [Date]
- **Remaining Refills/Days Supply:** [Number]

**Clinical Summary:**

The patient has been in our care since [Start Date]. Their current status is [Stable/In Induction/Other]. Recent Toxicology results dated [Date] were [Negative/Positive for: List Substances].

**Reason for Transfer:**

[e.g., Patient relocation, insurance change, or transition to a different level of care].

Attached to this letter, please find the patient's most recent clinical notes, treatment plan, and laboratory results. A signed Release of Information (ROI) is included.

If you require further information regarding this patient's history or treatment, please contact our office at [Your Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]
[Your Facility Name]