Date: [Date]

To: [Receiving Facility Name/Physician Name]
Address: [Receiving Facility Address]

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

Dear Admissions Coordinator/Medical Director,

This letter serves to formally transfer the medical care of the above-named patient from our Medical Detoxification Unit to your facility for [Residential Treatment/Partial Hospitalization/Intensive Outpatient Care].

Primary Diagnosis: [e.g., Alcohol Withdrawal Syndrome, Opioid Use Disorder]
Secondary Diagnoses: [List comorbid medical or psychiatric conditions]

Clinical Summary:
The patient has successfully completed a medically monitored detoxification protocol for [Substance(s)]. During their stay, the patient was treated with [Medications, e.g., Benzodiazepine taper, Buprenorphine induction]. The patient's last dose of [Medication] was administered on [Date] at [Time].

Current Status:
At the time of transfer, the patient is hemodynamically stable. CIWA/COWS scores have stabilized at [Score]. The patient is cleared for the next level of care and has expressed a commitment to continued treatment.

Medications at Discharge:

- [Medication Name, Dosage, Frequency]
- [Medication Name, Dosage, Frequency]

Follow-up Requirements:
[List specific medical concerns, lab work needed, or pending test results]

Please find the attached discharge summary, medication administration record (MAR), and recent lab results for your review. If you require further clinical information, please contact our unit at [Phone Number].

Sincerely,

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