Date: [Date]

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

To [Receiving Physician/Clinic Name],

This letter serves to formally transfer the medical care of the above-named patient following the successful completion of a medically supervised detoxification program for [Substance Type].

Clinical Summary:
During their stay, the patient was stabilized using [Medication Protocol]. The patient experienced [Mild/Moderate/No] withdrawal complications. All vital signs were within normal limits upon discharge.

Current Medications:

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

Follow-up Recommendations:
The patient has been advised to seek immediate follow-up care with your facility for:
1. Medication-Assisted Treatment (MAT) maintenance.
2. Ongoing laboratory monitoring.
3. Integration with behavioral health services.

Please find the attached discharge summary and recent lab results for your records. If you require further information, please contact our facility at [Phone Number].

Sincerely,

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