

Date: [Date]

To: [Pediatrician Name]

Address: [Clinic Address]

Phone: [Clinic Phone Number]

RE: Neonatal Transfer Summary

Patient Name: [Infant Name]

Date of Birth: [DOB]

Mother's Name: [Mother's Name]

NICU Discharge Date: [Discharge Date]

Dear Dr. [Pediatrician Last Name],

The above-named patient was discharged from the Neonatal Intensive Care Unit at [Hospital Name] and is being transferred to your care for primary pediatric follow-up.

Birth History:

Gestational Age: [Weeks/Days]

Birth Weight: [Weight]

Delivery Type: [Vaginal/C-Section]

Apgar Scores: [1 min] / [5 min]

NICU Course Summary:

[Brief description of respiratory support, feeding progression, and any major complications/procedures].

Current Status:

Discharge Weight: [Weight]

Feeding: [Breastmilk/Formula Type] - [Volume/Frequency]

Hearing Screen: [Pass/Fail]

Newborn Screen: [Pending/Complete]

Medications and Vaccinations:

[List current medications and dosages]

[List vaccines administered in hospital]

Recommended Follow-up:

1. Office visit with Pediatrician within [Number] days.
2. Specialty appointments: [List Specialty and Date/Time].
3. Pending lab results: [List any].

Please contact the NICU at [Phone Number] if you have any questions regarding this patient's transition.

Sincerely,

[Doctor Name/Signature]

[Title]

[Hospital/Department]