

Date: [Date]

RE: [Patient Name]

Date of Birth: [DOB]

Date of Admission: [Admission Date]

Date of Discharge/Transfer: [Discharge Date]

Dear Dr. [Pediatrician Last Name],

This letter is to formally transfer the care of [Patient Name] following their stay in the Neonatal Intensive Care Unit (NICU) at [Hospital Name].

Primary Diagnosis:

[List primary diagnosis]

Surgical Summary:

Procedure: [Name of Surgery]

Date of Surgery: [Surgery Date]

Surgeon: [Surgeon Name]

Post-Operative Course: [Brief summary of recovery and complications, if any]

Birth History:

Gestational Age: [Age] weeks

Birth Weight: [Weight] grams

Delivery Type: [Vaginal/C-Section]

Current Status:

Discharge Weight: [Weight]

Feeding Plan: [Breast milk/Formula type, volume, and frequency]

Respiratory Status: [e.g., Room air, oxygen requirements]

Medications:

[List medication name, dosage, and frequency]

Follow-Up Requirements:

- **Surgical Follow-up:** [Date/Time with Dr. Surgeon]

- **Specialty Referrals:** [List Cardiology, GI, Ophthalmology, etc.]

- **Recommended Pediatrician Visit:** [Within 48-72 hours]

Wound Care/Special Instructions:

[Instructions for incision care or medical equipment]

Detailed discharge summaries and operative reports are attached. If you have any questions regarding this patient's transition, please contact the NICU at [Phone Number].

Sincerely,

[Your Name/Attending Physician Name]

[Title]

[Department of Neonatology]

[Hospital Name]