

**Date:** [Date]

**To:** [Pediatrician Name]

**Clinic Name:** [Clinic Name]

**Fax/Phone:** [Contact Information]

**RE: Transfer of Neonatal Care**

**Patient Details (Multiple Birth):**

**Mother's Name:** [Mother Name]

**Infant A:** [Name/Gender], DOB: [Date], Birth Weight: [Weight]

**Infant B:** [Name/Gender], DOB: [Date], Birth Weight: [Weight]

**Infant C:** [Name/Gender], DOB: [Date], Birth Weight: [Weight]

Dear Dr. [Pediatrician Last Name],

This letter is to formally transfer the care of the above-mentioned infants to your practice following their discharge from the [Hospital Name] Neonatal Intensive Care Unit (NICU).

**Hospital Course Summary:**

The infants were born at [Gestational Age] weeks via [Mode of Delivery]. Their NICU stay lasted [Number] days. Primary diagnoses included [List Diagnoses, e.g., Prematurity, RDS, Hyperbilirubinemia]. All infants are now medically stable, feeding well, and maintaining temperature.

**Current Status and Discharge Weights:**

Infant A: [Weight] - Feeding: [Breastmilk/Formula type]

Infant B: [Weight] - Feeding: [Breastmilk/Formula type]

Infant C: [Weight] - Feeding: [Breastmilk/Formula type]

**Active Medications:**

[List medications and dosages for each infant, or "None"]

**Required Follow-up Appointments:**

1. Pediatrician Wellness Check: Within [Number] hours/days of discharge.
2. Ophthalmology (ROP): [Date/Time] with [Provider].
3. Audiology: [Date/Time].
4. Early Intervention: [Status of referral].

The formal Discharge Summary and immunization records are attached. Please contact the NICU at [Phone Number] if you require further information.

Sincerely,

[Your Name/Attending Physician]  
[NICU Department Name]  
[Hospital Name]