Date: [Date]

RE: Patient Transfer Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient Phone: [Phone Number]

To the Department of Gastroenterology,

This letter is to formally transfer the care of [Patient Name], who is relocating to your area. They have been under my care for the management of [Primary Diagnosis, e.g., Crohn's Disease, GERD, Cirrhosis] since [Start Date].

Clinical Summary:
[Brief history of symptoms and disease progression.]

Current Medications:
[List medication names, dosages, and frequencies.]

Recent Procedures:
[List dates and findings of recent colonoscopies, endoscopies, or imaging.]

Plan of Care:
The patient is currently [stable/active flare] and requires [specific follow-up, e.g., biologic infusion, repeat labs, or 6-month screening].

I have attached the patient's recent lab results, pathology reports, and clinical notes for your review. Please contact my office at [Your Phone Number] if you require further information.

Sincerely,

[Physician Signature]
[Physician Name, MD/DO]
[Clinic Name]
[Clinic Address]