Date: [Insert Date]

RE: Patient Transfer of Care
Patient Name: [Insert Patient Full Name]
Date of Birth: [Insert Date of Birth]
Diagnosis: [Insert Specific Diagnosis, e.g., Crohn's Disease or Ulcerative Colitis]

Dear Dr. [Receiving Specialist Last Name],

I am writing to formally transfer the care of [Patient Name] to your practice. The patient is relocating to your area and requires ongoing management of their Inflammatory Bowel Disease (IBD).

Clinical History:
The patient was diagnosed in [Year] with [Disease Distribution/Phenotype]. Their disease course has been characterized by [Briefly mention severity or major complications].

Current Maintenance Medication:
[Insert Drug Name, Dosage, and Frequency]

Past Treatments:
[List failed medications or surgical history]

Latest Assessment:
The patient's last colonoscopy on [Date] showed [Brief result]. Their most recent labs on [Date] indicated [Brief result, e.g., clinical remission or active inflammation].

Attached to this letter are the patient's most recent clinical notes, pathology reports, and imaging results. [Patient Name] is aware of this transfer and will contact your office to schedule an appointment.

Thank you for assuming the care of this patient. Please contact me at [Phone Number] or [Email] if you require further information.

Sincerely,

[Doctor Signature]
[Doctor Name, Title]
[Clinic/Hospital Name]