Date: [Date]

To: [Adult Gastroenterologist Name]
Clinic/Facility: [Adult Clinic Name]
Address: [Clinic Address]

RE: Transition of Care
Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Medical Record Number: [Patient MRN]

Dear Dr. [Adult Gastroenterologist Last Name],

I am writing to formally transition the gastroenterology care of [Patient Name] from [Pediatric Clinic Name] to your practice. [Patient Name] is now [Age] years old and is ready to enter adult medical care.

Primary Diagnosis:
[e.g., Crohn's Disease, Ulcerative Colitis, Celiac Disease]

Clinical Summary:
[Patient Name] was diagnosed in [Year]. The clinical course has been [Stable / Intermittent flares / Complex]. The most recent flare occurred on [Date] and was managed with [Treatment]. The last colonoscopy/endoscopy on [Date] showed [Brief results].

Current Medication Regimen:

- [Medication Name], [Dosage], [Frequency]
- [Medication Name], [Dosage], [Frequency]

Surgical History:
[List any GI-related surgeries or "None"]

Immunizations and Screenings:
[Patient Name] is up to date on [List relevant vaccines, e.g., Hep B, Flu, etc.]. Last TB screening was [Date/Result].

Social and Educational Status:
[Patient Name] is currently [a student / employed]. They demonstrate [Good / Developing] understanding of their condition and are [Independent / Requiring assistance] with medication adherence.

Enclosed please find the most recent clinic notes, pathology reports, and laboratory results. Our last scheduled visit was on [Date].

Thank you for accepting this referral. Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Pediatric Gastroenterologist Name]
[Title]
[Pediatric Clinic Name]