

Date: [Date]

RE: Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Patient Address: [New Address, if known]

To [Receiving Physician Name or "Health Care Provider"],

The purpose of this letter is to formally transfer the medical care of [Patient Name] to your practice due to their relocation to your area. I have been providing care for this patient since [Start Date] for [Primary Diagnosis/General Care].

Clinical Summary:

- **Current Diagnoses:** [List major conditions]
- **Active Medications:** [List medications and dosages]
- **Allergies:** [List allergies or "NKDA"]
- **Recent Procedures/Labs:** [Note recent significant tests]

Ongoing Treatment Plan:

[Describe pending follow-ups, required monitoring, or upcoming referrals].

Attached to this letter, you will find the patient's medical records, including immunization history, recent laboratory results, and consultation reports. The patient's last visit to our office was on [Date of Last Visit].

Please do not hesitate to contact my office at [Phone Number] or [Email Address] if you require further information regarding this patient's medical history.

Sincerely,

[Signature]

[Physician Name, Degree]

[Clinic Name]

[Phone Number]