

[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[New Pain Clinic Name]
[New Doctor's Name]
[New Clinic Address]
[New City, State, Zip Code]

RE: Request for Patient Transfer and New Patient Appointment

To Whom It May Concern,

I am writing to formally request a transfer of my pain management care to your clinic. I am currently relocating from [Current State] to [New State] and am seeking to establish care with a provider in your facility.

I have been a patient at [Current Clinic Name] under the care of [Current Doctor's Name]. My diagnosis includes [List Primary Diagnosis/Condition], which I have been managing for [Number] years. My current treatment plan involves [Briefly mention treatments, e.g., physical therapy, injections, or specific medications].

I have requested that my current provider forward my complete medical records, including recent imaging (MRI/CT), laboratory results, and my current prescription monitoring report, to your office via [Fax/Email/Mail].

I am eager to schedule an initial consultation to ensure there is no interruption in my care or medication management during this transition. Please let me know what further documentation or steps are required to register as a new patient.

Thank you for your time and assistance. I look forward to hearing from you soon.

Sincerely,

[Your Signature]

[Your Printed Name]
[Date of Birth]