Date: [Date]

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

Dear Dr. [Receiving Physician Name],

I am writing to formally transfer the infectious disease management of the above-named patient to your care, effective [Date].

Primary Diagnosis:
[Name of Infection/Condition, e.g., Chronic Hepatitis C, Osteomyelitis, HIV]

Clinical Summary:
[Brief history of onset, diagnostic procedures, and hospitalizations].

Current Treatment Regimen:
The patient is currently prescribed the following medications:

- **Medication:** [Name/Dose/Frequency]
- **Start Date:** [Date]
- **Anticipated Duration:** [Weeks/Months remaining]
- **Last Administration Date:** [Date]

Recent Laboratory Results:
[Insert key values such as WBC, CRP/ESR, Viral Load, CD4 Count, or Culture results].

Outstanding Follow-up Requirements:
The following items require monitoring or completion:

- [Required Imaging/Labs] due on [Date].
- [PICC line/IV Access] maintenance.
- [Specialist Consultation] scheduled for [Date].

Reason for Transfer:
[e.g., Relocation, Transition from Inpatient to Outpatient, Insurance Change].

Copies of the patient's full medical records, including culture reports and imaging, are attached to this letter.

Please contact my office at [Phone Number] or via email at [Email Address] if you require further clarification regarding this patient's treatment plan.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Facility/Practice Name]