Date: [Date]

To: [Receiving Physician/Clinic Name]
Department: [Gastroenterology/Infectiology]
Facility: [Facility Name]

RE: Patient Transfer of Care

- **Patient Name:** [Patient Full Name]
- **Date of Birth:** [DOB]
- **Diagnosis:** [Chronic Hepatitis B / Chronic Hepatitis C]
- **ICD-10 Code:** [Code]

Dear Dr. [Recipient Last Name],

I am writing to formally transfer the care of the above-named patient, who is currently undergoing long-term antiviral therapy for chronic viral hepatitis. The patient is relocating/requesting transfer effective [Date].

Clinical Summary:

- **Date of Diagnosis:** [Year/Date]
- **Current Medication:** [Medication Name, e.g., Tenofovir/Entecavir/Epclusa]
- **Dosage:** [e.g., 300mg daily]
- **Treatment Start Date:** [Date]
- **Latest Viral Load (HBV DNA / HCV RNA):** [Result] IU/mL as of [Date]
- **Fibrosis Stage:** [e.g., F0-F4 / Fibroscan Score]

Ongoing Management Requirements:

The patient requires continued monitoring of liver function tests (ALT/AST), renal function (CrCl), and viral suppression every [3/6] months. Hepatocellular Carcinoma (HCC) screening via ultrasound is scheduled every [6/12] months.

Last Laboratory Results (Attached):

- Liver Function Tests: [Results]
- AFP Level: [Result]
- HBsAg / HBeAg Status: [Status]

Please find the attached medical records, including recent imaging and biopsy results. I have provided the patient with a 30-day supply of their current medication to ensure no interruption in therapy during this transition.

Thank you for assuming the management of this patient. Please contact my office at [Phone Number] if you require further clinical details.

Sincerely,

[Doctor Signature]
[Doctor Printed Name]
[Medical License Number]
[Clinic/Hospital Name]