**Date:** [Date]

**RE: Transfer of Care for [Patient Full Name]**
**DOB:** [Patient Date of Birth]
**Diagnosis:** Complex Lyme Disease (Borreliosis) and associated co-infections

Dear [Receiving Physician Name],

This letter serves to formally transfer the medical management of [Patient Name], who has been under my care since [Start Date] for the treatment of Complex Lyme Disease and related multi-systemic symptoms.

**Clinical History and Diagnosis:**
The patient was diagnosed via [Clinical Presentation/Laboratory Testing/CDC or IGeneX Criteria]. Key findings include [List major symptoms: e.g., neurological impairment, migratory arthralgia, cardiac involvement, or persistent fatigue].

**Co-infections Identified:**
[List any positive tests for Babesia, Bartonella, Ehrlichia, Mycoplasma, etc.]

**Current Treatment Protocol:**
The patient is currently following the regimen below:
- [Medication/Antibiotic Name] - [Dosage/Frequency]
- [Medication/Antibiotic Name] - [Dosage/Frequency]
- [Supplements/Biofilm Disruptors] - [Dosage/Frequency]

**Recent Clinical Progress:**
[Describe current status, e.g., stable, improving, or experiencing Herxheimer reactions]. The patient is currently [Percentage] through the planned course of treatment.

**Recommended Follow-Up Care:**
I recommend the following continued monitoring:
- [Frequency of blood work: CBC, Liver Function, etc.]
- [Next scheduled protocol change]
- [Specific specialist referrals needed]

I have attached the patient's full medical records, including laboratory results and clinical notes, to this letter. Please do not hesitate to contact my office at [Phone Number] or [Email Address] if you require further clarification regarding this complex case.

Sincerely,

[Signature]
[Printed Name of Referring Physician]
[Practice Name]
[Contact Information]