Date: [Insert Date]

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

To [Receiving Physician/Facility Name],

The purpose of this letter is to formally transfer the medical management of [Patient Name] for the treatment of recurrent [Specific Type of Infection, e.g., Urinary Tract Infections/Cellulitis].

Diagnosis and History:
The patient has a history of recurrent bacterial infections, characterized by [Number] episodes over the past [Time Period]. Previous cultures have identified [Specific Bacteria, e.g., E. coli, MRSA].

Current Status:
The patient is currently undergoing active treatment for an acute flare-up that began on [Start Date].

Ongoing Treatment Plan:
The patient is currently prescribed the following regimen:

- **Medication:** [Antibiotic Name]
- **Dosage:** [e.g., 500mg]
- **Frequency:** [e.g., Twice Daily]
- **Duration:** [Number] days remaining (Completion date: [Date])

Diagnostic Results:
Attached are the most recent laboratory reports, including:

- Most recent Blood/Urine culture results dated [Date].
- Sensitivity reports (Antibiogram).
- Recent inflammatory markers (CRP/ESR).

Reason for Transfer:
[Insert Reason, e.g., Patient relocation / Specialist escalation / Continuity of care].

I have advised the patient to follow up with your office on [Appointment Date/Time]. Please contact my office at [Phone Number] if you require further clinical details or clarification regarding the longitudinal management plan.

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Practice Name/Department]
[Contact Information]