Date: [Insert Date]

To: [Receiving Physician/Clinic Name]
Department: [Infectious Disease/Internal Medicine]
Facility: [Receiving Facility Name]

RE: Patient Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Diagnosis: [Specific Systemic Fungal Infection, e.g., Systemic Candidiasis, Aspergillosis]

Dear Dr. [Physician Last Name],

The purpose of this letter is to formally transfer the care of [Patient Name] for the ongoing management of a systemic fungal infection. The patient is relocating/requiring specialist follow-up in your area as of [Date].

Clinical Summary:
The patient was diagnosed on [Diagnosis Date] via [Diagnostic Method: Blood Culture/Biopsy/Imaging]. The primary site of infection is [Primary Organ/System]. Comorbidities include [List Relevant Conditions].

Current Medication Regimen:
Antifungal Agent: [Drug Name, e.g., Fluconazole, Voriconazole, Amphotericin B]
Dosage: [Dosage and Frequency]
Route: [Oral/IV]
Start Date: [Date]
Planned Duration: [Total Expected Course]

Recent Clinical Status:
The patient is currently [Stable/Improving/Guarded]. Last lab results on [Date] showed [Key Lab Values: e.g., LFTs, Creatinine, Therapeutic Drug Monitoring levels].

Required Follow-Up:
1. Next scheduled dose/infusion: [Date/Time]
2. Next laboratory monitoring: [Date and Type of Tests]
3. Next imaging: [Date and Type of Scan]

Complete medical records, including culture sensitivity reports and imaging, are attached to this letter. Please contact my office at [Phone Number] or [Email] if you require further clarification.

Sincerely,

[Your Name/Signature]
[Your Title]
[Your Facility Name]