Date: [Date]

RE: Transfer of Care for Ongoing Treatment of Bacterial Endocarditis

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

To: [Receiving Physician/Facility Name]
From: [Sending Physician/Facility Name]

Clinical Summary:
The patient was admitted on [Admission Date] with a diagnosis of Bacterial Endocarditis. Echocardiogram on [Date] revealed [Vegetation Location/Size/Valve Involvement].

Microbiology:
Causative Organism: [Organism Name]
Susceptibilities: [List Key Antibiotic Sensitivities]

Current Treatment Regimen:
Antibiotic: [Antibiotic Name]
Dosage/Frequency: [Dose/Route/Frequency]
Therapy Start Date: [Start Date]
Planned Duration: [Total Number of Weeks]
Target Completion Date: [End Date]

Vascular Access:
Type: [PICC Line/Midline/Port]
Insertion Date: [Date]
Location: [Anatomical Site]

Monitoring Requirements:
- Weekly Labs: [CBC, CMP, CRP, ESR]
- Antibiotic Trough Levels: [Frequency/Target Range]
- Scheduled Follow-up Echo: [Date/Instructions]

Pending Issues/Special Instructions:
[Note any upcoming surgical consultations, dental clearances, or complications]

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Contact Phone Number]