

**Date:** [Insert Date]

**To:** [Receiving Neurologist Name]

**Clinic:** [Receiving Clinic Name]

**Address:** [Receiving Clinic Address]

**RE: Patient Transfer for [Patient Full Name]**

**Date of Birth:** [Patient DOB]

**Patient ID/MRN:** [Patient ID Number]

Dear Dr. [Last Name],

I am writing to formally transfer the neurological care of [Patient Name] to your clinic, as the patient is relocating to your area on [Relocation Date].

**Primary Diagnosis:**

[Main Diagnosis, e.g., Relapsing-Remitting Multiple Sclerosis / Epilepsy / Parkinson's Disease]

**Clinical Summary:**

[Brief history of onset, progression, and current neurological status.]

**Current Treatment Plan:**

[List medications, dosages, and frequency. Include any recent infusions or Botox schedules.]

**Recent Diagnostic Results:**

- **Last MRI:** [Date and Key Findings]
- **Last EMG/EEG:** [Date and Key Findings]
- **Relevant Labs:** [Key Results]

**Pending Follow-ups:**

[Note any outstanding tests or upcoming procedures.]

The patient's full medical records and imaging reports are attached to this letter. Please do not hesitate to contact my office at [Phone Number] or [Email Address] if you require further information.

Sincerely,

[Doctor Name, MD/DO]

[Department of Neurology]

[Current Clinic Name]