

[Your Name]  
[Your Address]  
[Your Phone Number]  
[Your Email Address]

[Date]

[Primary Care Physician or Specialist Name]  
[Clinic/Facility Name]  
[Address]

**RE: Continuity of Care Request for [Patient Full Name] (DOB: [Date of Birth])**

Dear [Provider Name],

I am writing to formally request a follow-up appointment and a review of my medical records following my recent discharge from [Hospital/Facility Name] on [Date of Discharge]. I was admitted on [Date of Admission] for [Reason for Admission/Diagnosis].

To ensure proper continuity of care, I request that your office review the following documents which are [attached / being sent via the hospital portal]:

- Discharge Summary
- Current Medication List (including changes made during hospitalization)
- Results of diagnostic tests and imaging performed during my stay
- Recommended follow-up instructions and specialist referrals

I would like to schedule an appointment to discuss my recovery plan, reconcile my medications, and address any necessary ongoing treatments. Please let me know the earliest available date for a consultation.

If you require any additional information or further documentation from the hospital, please contact me at [Your Phone Number].

Thank you for your prompt attention to my post-discharge care.

Sincerely,

[Your Signature]  
[Your Printed Name]