

Date: [Date]

To: [Receiving Provider/Clinic Name]

Department: [Department Name]

Address: [Clinic Address]

Fax/Email: [Contact Information]

From: [Sending Provider/Clinic Name]

Address: [Clinic Address]

Phone: [Phone Number]

RE: Transfer of Electronic Health Records (EHR)

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/MRN: [ID Number]

Dear [Recipient Name],

Please find the enclosed electronic health records for the above-mentioned patient. This transfer is being conducted for the purpose of [Reason for Transfer: e.g., Continuity of Care, Specialist Referral, or Patient Relocation].

The shared records include:

- Patient Demographics
- Problem List and Medical History
- Medication List and Allergy Records
- Recent Lab Results and Imaging Reports
- Immunization Records
- Recent Progress Notes

The data has been transferred via [Secure Method: e.g., Direct Messaging, Encrypted File Transfer, or Secure Portal]. Please confirm receipt of these files into your EHR system.

If you require any additional information or encounter issues with the electronic file format, please contact our records department at [Phone Number].

Sincerely,

[Signature]

[Printed Name]

[Title/Position]

Confidentiality Notice: The information contained in this transfer is privileged and confidential. It is intended only for the use of the individual or entity named above.