

Date: [Date]

From:

[Referring Physician Name]

[Clinic/Facility Name]

[Address]

[Phone Number]

To:

[Specialist Name]

[Specialty Department]

[Hospital/Clinic Name]

[Address]

RE: Specialist Consultation Record Transfer

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/MRN: [ID Number]

Dear Dr. [Specialist Last Name],

I am writing to formally transfer the medical records and consultation findings for the above-named patient. This patient was referred to your office on [Date of Referral] for evaluation of [Medical Condition/Reason for Referral].

Please find the following documents enclosed/attached:

- Initial consultation notes and clinical findings
- Diagnostic test results (Imaging, Lab reports)
- Current medication list and treatment plan
- Relevant medical history and progress notes

The purpose of this transfer is to ensure continuity of care and to provide you with the necessary clinical background for your ongoing management of the patient's [Specific Condition].

If you require any further information or have questions regarding this patient's history, please do not hesitate to contact my office at [Phone Number].

Thank you for your collaboration in this patient's care.

Sincerely,

[Signature]

[Typed Name]

[Title/Credentials]