

Date: [Insert Date]

To: [Recipient Name/Provider Name]

Facility: [Recipient Facility/Clinic Name]

Fax/Address: [Recipient Contact Information]

RE: Care Coordination and Medical History Transfer

Patient Name: [Patient Full Name]

Date of Birth: [Patient Date of Birth]

Patient ID: [Patient ID Number]

Dear [Recipient Name],

I am writing to provide a clinical summary and coordinate the ongoing care for the above-mentioned patient, who is currently under my care for the management of chronic conditions.

Chronic Disease History:

- [Condition 1]: Diagnosed [Year] - Status: [Stable/Progressing]
- [Condition 2]: Diagnosed [Year] - Status: [Stable/Progressing]
- [Condition 3]: Diagnosed [Year] - Status: [Stable/Progressing]

Current Medication Regimen:

- [Medication Name], [Dosage], [Frequency]
- [Medication Name], [Dosage], [Frequency]

Recent Clinical Findings:

[Insert brief summary of recent lab results, vitals, or diagnostic imaging].

Care Plan Goals:

The primary objectives for this patient's treatment plan include [Goal 1] and [Goal 2]. We are requesting your consultation/assistance regarding [Specific Request or Area of Collaboration].

Please find the attached medical records for a comprehensive view of the patient's history. We look forward to collaborating with your team to ensure continuity of care. Please contact our office at [Your Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Credentials]

[Practice/Organization Name]