

Date: [Date]

RE: Patient Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear [Receiving Provider Name],

Please accept this formal transfer of care for the above-named patient. This letter provides a comprehensive summary of the patient's surgical history and current status to ensure continuity of care.

1. Primary Surgical History

[Procedure Name] - [Date] - [Facility]

[Procedure Name] - [Date] - [Facility]

[Procedure Name] - [Date] - [Facility]

2. Recent Surgical Intervention

Procedure: [Most Recent Procedure]

Date: [Date]

Indication: [Reason for Surgery]

Findings: [Brief Summary of Findings]

Complications: [None or List Complications]

3. Current Medications and Implanted Devices

Medications: [List current medications and dosages]

Implants: [List any mesh, hardware, pacemakers, or stents]

4. Post-Operative Status and Care Plan

Current Status: [e.g., Stable, recovering, wound healing]

Pending Follow-up: [List upcoming labs, imaging, or appointments]

Activity Restrictions: [List any physical limitations]

All relevant operative reports, pathology results, and discharge summaries are attached to this transfer.

If you require further information, please contact my office at [Phone Number].

Sincerely,

[Your Name/Signature]

[Your Title/Specialty]
[Your Organization]