Medical Transfer Request

Subject: Patient Transfer Request for [Patient Name]

Dear Dr. [Receiving Physician],

I am referring [Patient Name], DOB: [Date], for transfer to your facility for continued medical care. The patient is currently under my care at [Current Facility] and requires specialized treatment that would be best provided at your institution.

Current diagnosis: [Primary diagnosis and relevant secondary conditions]

Treatment provided: [Summary of current treatment, medications, procedures]

Reason for transfer: [Specific medical reasons, need for specialized care, equipment, etc.]

The patient's condition is [stable/critical/improving] and they are medically cleared for transfer via [ambulance/helicopter/private transport]. All medical records, imaging studies, and laboratory results are attached.

Please confirm receipt of this referral and advise on bed availability. For urgent matters, I can be reached at [phone number].

Thank you for accepting this transfer.

Dr. [Your Name]

[Medical License Number]

[Facility Name]

[Contact Information]

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