

Urgent Medical Transfer Documentation

Date: **[Insert Date]**

To Whom It May Concern,

This letter serves to formally document the urgent medical transfer of **[Patient's Name]**, ID: **[Patient's ID]**, from **[Current Facility Name]** to **[Receiving Facility Name]**.

Reason for Transfer: **[Brief Description of Medical Condition/Needs]**

Transfer Details:

- Transfer Date: **[Insert Transfer Date]**
- Time of Transfer: **[Insert Time]**
- Transport Method: **[Ambulance/Air Transport]**
- Accompanying Medical Staff: **[Names and Titles]**

Enclosed are the relevant medical records and history which includes:

- Current Medications
- Recent Test Results
- Medical History Summary

Please ensure that all necessary preparations for the patient's arrival at **[Receiving Facility Name]** are made in advance.

If you have any further questions or require additional information, feel free to contact me at **[Your Phone Number]** or **[Your Email]**.

Thank you for your attention to this urgent matter.

Sincerely,

[Your Name]

[Your Title]

[Current Facility Name]

[Contact Information]