

Notification of Medical Record Transfer

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Address]

Dear [Recipient's Name],

This letter serves as a formal notification of the transfer of medical records belonging to [Patient's Name] with date of birth [Patient's DOB] from [Current Provider's Name] to [New Provider's Name]. The transfer will take place on [Transfer Date].

For your records, the patient's identification number is [Patient's ID Number]. The following documents will be included in the transfer:

- Medical History
- Diagnostic Reports
- Treatment Plans
- Medication Records

If you have any questions or require further information, please do not hesitate to contact our office at [Current Provider's Phone Number] or [Current Provider's Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Current Provider's Name]

[Current Provider's Address]

[Current Provider's Phone Number]