

Patient Referral Letter

Date: [Insert Date]

To: [New Primary Care Provider's Name]
[New Primary Care Provider's Address]
[City, State, Zip Code]

Dear [New Primary Care Provider's Name],

I am writing to refer my patient, [Patient's Name], who has been under my care since [Insert Date]. Due to [brief reason for referral, e.g., relocation, change in health needs], I believe that transitioning care to you will be in their best interest.

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Insurance Information: [Patient's Insurance Details]
- Current Medications: [List of Medications]
- Medical History: [Brief Overview of Medical History]

Please feel free to contact me at [Your Contact Information] if you need any more information or have questions regarding the patient's care.

Thank you for your attention to this referral.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Practice Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]