

Service Handover Letter

Date: [Insert Date]

To,
Dr. [Receiving Doctor's Name]
[Receiving Doctor's Address]
[City, State, Zip Code]

Dear Dr. [Receiving Doctor's Last Name],

I hope this message finds you well. I am writing to formally hand over the medical care and treatment of our mutual patient, [Patient's Full Name], who has been under my care since [Start Date of Care].

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
-
- Address: [Patient's Address]
- Contact Number: [Patient's Phone Number]

Clinical History:

[Insert brief clinical history, relevant treatments, and any important notes about the patient's conditions]

Current Medications:

- [Medication Name 1] - [Dosage] - [Frequency]
- [Medication Name 2] - [Dosage] - [Frequency]
- [Medication Name 3] - [Dosage] - [Frequency]

Next Steps/Recommendations:

[Outline any recommended follow-ups, tests, or treatments necessary for the patient's ongoing care]

Please feel free to reach out to me if you require any further information or clarification. I want to ensure a smooth transition of care for [Patient's Name].

Thank you for your attention to this matter.

Sincerely,

Dr. [Your Name]
[Your Title/Position]
[Your Practice/Organization Name]
[Your Contact Information]