

Continuity of Care Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to facilitate the continuity of care for my patient, **[Patient's Full Name]**, who has been diagnosed with the following chronic conditions:

- [Chronic Condition 1]
- [Chronic Condition 2]
- [Chronic Condition 3]

As the primary care provider, I have been managing their treatment and would like to ensure that the transition to [New Provider or Facility] goes smoothly. The following are details pertinent to their treatment:

Current Medications

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

Treatment Plan

[Briefly outline the current treatment plan and any future appointments or follow-ups required.]

Relevant Medical History

[Provide any relevant medical history that could assist in the patient's care.]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information or clarification regarding **[Patient's Full Name]**.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization Name]

[Your Contact Information]