

Patient Transfer Notification

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Position]
[Recipient's Institution]
[Institution Address]

Dear [Recipient's Name],

We hope this message finds you well. We are writing to inform you of the need for assistance regarding the transfer of a patient from our facility.

Patient Name: [Patient's Full Name]
Patient ID: [Patient ID]
Current Location: [Current Location]
Required Transfer Location: [Transfer Location]

Due to [brief reason for transfer, e.g., specialized care needs, availability of resources], we kindly request your assistance in facilitating this transfer. We would appreciate your guidance and support in ensuring a smooth transition for the patient.

Please let us know at your earliest convenience how we can collaborate to expedite this process. We are available for any further information you may need.

Thank you for your attention to this matter.

Sincerely,
[Your Name]
[Your Position]
[Your Institution]
[Your Contact Information]