

# Request for Continuity of Care

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Medical Practice Name]  
[Practice Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request the continuity of care with my primary care physician, Dr. [Physician's Name]. Due to [brief reason for request, e.g., changing insurance, relocation, etc.], I would like to ensure that my ongoing medical needs and treatment plans are effectively managed.

Having established a good rapport and understanding of my medical history with Dr. [Physician's Name], I believe that transitioning my care would greatly benefit my health outcomes.

I kindly ask for your assistance in facilitating this request and providing any necessary documentation that would aid in this process. Thank you for your attention to this matter.

Sincerely,

[Your Name]