

Patient Transfer Arrangement

Date: [Insert Date]

To: [Rehabilitation Facility Name]

Address: [Rehabilitation Facility Address]

Dear [Recipient's Name],

We are writing to inform you that we will be transferring [Patient's Name], [Patient's Age], from [Current Facility Name] to your esteemed rehabilitation facility for further care and rehabilitation.

Transfer Details:

- Patient ID: [Patient ID]
- Current Facility: [Current Facility Name]
- Transfer Date: [Transfer Date]
- Transport Arrangements: [Details of Transport]

Please find attached the patient's medical records and discharge summary for your review.

We appreciate your support in this matter and look forward to a smooth transfer.

Thank you.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]

[Current Facility Name]