

# Patient Transfer Logistics Notification

Date: [Insert Date]

To: [Transportation Service Provider's Name]

From: [Your Healthcare Facility's Name]

Subject: Logistics for Patient Transfer

Dear [Transportation Service Provider's Contact Name],

We are writing to inform you about the details of an upcoming patient transfer requiring your transportation services. Please find the relevant information below:

## Patient Information

- **Patient Name:** [Patient's Name]
- **Patient ID:** [Patient's ID]
- **Current Location:** [Current Location of Patient]
- **Destination:** [Destination Facility Name & Address]
- **Transfer Date:** [Transfer Date]
- **Transfer Time:** [Transfer Time]

## Additional Information

Special instructions for the transfer:

- [Assistive Devices Required]
- [Medical Personnel Required]
- [Other Special Requirements]

## Contact Information

If you have any questions or require additional information, please contact:

**Name:** [Your Name]

**Phone:** [Your Phone Number]

**Email:** [Your Email Address]

Thank you for your assistance with this patient transfer. We appreciate your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Healthcare Facility's Name]