

# Patient Transfer Notification

Date: [Insert Date]

To: [Family/Caregiver's Name]

Address: [Family/Caregiver's Address]

Dear [Family/Caregiver's Name],

We are writing to inform you that [Patient's Name], who has been under our care, will be transferred to [New Facility Name/Location] on [Transfer Date].

The transfer is being made to ensure that [Patient's Name] continues to receive the most appropriate care for their needs. The team at [New Facility Name] is fully prepared to take over their care and will ensure a smooth transition.

If you have any questions or concerns regarding this transfer, please do not hesitate to contact us at [Hospital/Facility Contact Information]. We appreciate your support and understanding during this process.

Sincerely,

[Your Name]

[Your Position]

[Hospital/Facility Name]

[Contact Information]