Patient Transfer Summary

Date of Transfer: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Transfer From: [Insert Facility Name]

Transfer To: [Insert New Facility Name]

Medical History

Diagnosis: [Insert Diagnosis]

Medical Procedures: [Insert Procedures]

Current Medications: [Insert Medications]

Reason for Transfer

[Insert Reason for Transfer]

Contact Information

Sending Physician: [Insert Physician's Name]

Contact Number: [Insert Contact Number]

Signature: _____

Date: _____