

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

[Recipient's Name]  
[Recipient's Position]  
[Facility/Organization Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Patient Transfer - [Patient's Name]

I am writing to inform you of the upcoming transfer of our patient,  
[Patient's Name], who has recently undergone knee replacement surgery on  
[Surgery Date].

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [DOB]
- Medical Record Number: [MRN]

Procedure Summary:

[Include a brief summary of the knee replacement surgery, any  
complications encountered, and the current condition of the patient.]

Transfer Details:

- Transfer Date: [Transfer Date]
- Receiving Facility: [New Facility Name]
- Estimated Arrival Time: [Time]

Care Instructions:

[Outline any specific care instructions, medications, or follow-up  
appointments necessary for the patient's recovery.]

Please feel free to reach out if you require any additional information  
or have specific questions regarding the patient's care.

Thank you for your collaboration in ensuring a smooth transfer.

Sincerely,

[Your Name]  
[Your Position]  
[Your Facility/Organization Name]  
[Your Contact Information]