

# Continuity and Coordination of Care

## Specialist to Primary Care Physician



To: PCP \_\_\_\_\_

From: Specialist \_\_\_\_\_

RE: Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

The following summary includes services/treatments that are being provided to your patient.

History: \_\_\_\_\_

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Assessment: \_\_\_\_\_

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Other pertinent diagnostic findings (with attachments if needed): \_\_\_\_\_

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Treatment Plan: \_\_\_\_\_

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Duration of Treatment: \_\_\_\_\_

Medications: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Sincerely,

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(Signature of Specialist)