

# Fax Transmittal

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**Date:**

**To:**

**Fax:**

**From:**

**Phone:**

**Unit:**

**Fax:**

## Transfer of Care Notification

Your patient \_\_\_\_\_ has transferred  
their Nephrology care from \_\_\_\_\_  
to \_\_\_\_\_  
Prior Nephrologist's Name  
Receiving Nephrologist's Name

Effective Date \_\_\_\_\_

This decision was confirmed with the patient (or legal representative)  
and the receiving Nephrologist.

If you have any questions, please contact either the patient or the  
receiving Nephrologist.

Thank you