



Upper Peninsula Commission for Area Progress

www.upcap.org

"Providing guidance and support to U.P. residents since 1961"

Dear _____,

Re: Notification of Care Transition for _____, DOB:

I am writing to inform you that your patient, _____, has experienced a recent care transition. Specifically, they were admitted to _____ on _____.

This transition may have an impact on their ongoing treatment plan and care coordination. We want to ensure that all involved providers are fully aware of the change in care setting so that continuity and comprehensive management of _____'s health can be maintained.

Details of the transition are as follows:

- Date of Admission:
- Facility Name/Service Type:
- Location of Facility:
- Reason for Admission:

Please forward any additional information regarding this patient's care. We appreciate your collaboration in providing high-quality, coordinated care for _____. Please don't hesitate to reach out if you have any questions.

Thank you for your attention to this matter.

Sincerely,

Supports Coordinator