

Sample Letter for "Age-Out Patients"

Date: \_\_\_\_\_

Patient:

Dear Parent,

We are writing to you regarding your child whom we have together cared for and watched grow into a young adult. Your child will attain adult health care status at the twentieth birthday and will thereafter require a physician experienced and trained in providing care to adults.

To help plan for this transition please call us at office phone number to schedule a final well examination. At this appointment we will address health maintenance, healthy lifestyle choices, immunizations, and perform a final physical examination. If your child has a chronic disease that requires medication, this will also be reviewed so that you will have medication until you establish care with a family doctor or internist at age 20.

If you have already established care with an adult care doctor, please complete the enclosed "Medical Release" and we will forward a copy of your child's records to the new physician.

Sincerely,

Enter Pediatrician's office name