

TRAUMA SERVICES
TRANSFER FOLLOW-UP Letter

The purpose of this correspondence is to provide you and your facility with follow up regarding a trauma patient transferred to _____. Each patient that meets trauma criteria is reviewed and screened through our Trauma Performance Improvement process. A summary is listed below.

Patient (Initials): _____ **DOB:** _____ **Transfer Date:** _____

Treatment/Outcome and/or Disposition of patient: _____

Final ISS: _____

Performance Improvement Issues Identified

If you have questions or need additional information, please contact the Trauma Coordinator listed. On behalf of our entire trauma team, we thank you for your continued support of trauma care.

Respectfully,

Typed Name:
Trauma Coordinator/Registrar
Hospital Name:
Office:
Fax:
Email: