

ENTER YOUR HOSPITAL NAME OR LOGO

DATE:

Dear Trauma Program Manager,

As a Level (enter level) trauma center, please help us evaluate our trauma program.

On DATE, we transferred PATIENT NAME, DOB, to your facility with the following diagnoses:

- DIAGNOSIS 1
- DIAGNOSIS 2
- DIAGNOSIS 3
- TOTAL ISS:

What additional findings did you identify while the patient was evaluated/treated at your facility.

Length of Stay: _____ Total Days in ICU: _____ Disposition of Patient: _____

Treatment received including major surgical procedures:

Final Diagnosis: _____ ISS: _____

Please list any concerns/issues you identified in the care prior to the patient's transfer to your facility.

Thank you for your assistance.

ENTER YOUR NAME

TITLE

FACILITY ADDRESS

OFFICE PHONE:

EMAIL ADDRESS