

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Hospital/Organization Name]

[Organization Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to request the discharge status of [Patient's Name], who was admitted to [Hospital/Organization Name] on [Admission Date]. As a [Relation to Patient, e.g., family member, legal representative], it is important for me to keep track of their medical progress and subsequent discharge.

Please provide any available information regarding the discharge status, expected discharge date, and any necessary follow-up care that may be required.

Thank you for your assistance in this matter. I look forward to your prompt response.

Sincerely,

[Your Name]