

# Confirmation of Discharge Terms

Date: [Insert Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

We are writing to confirm the terms of your discharge from [Hospital/Facility Name] on [Discharge Date]. Below are the details pertaining to your discharge:

- **Diagnosis:** [Diagnosis]
- **Medications:** [List of Medications]
- **Follow-up Appointments:** [Details of Appointments]
- **Care Instructions:** [Instructions]
- **Emergency Contacts:** [Contact Information]

Please ensure that you follow all the instructions provided and do not hesitate to reach out to our office should you have any questions or concerns regarding your recovery.

Thank you for choosing [Hospital/Facility Name]. We wish you a speedy recovery.

Sincerely,

[Your Name]

[Your Title]

[Hospital/Facility Name]

[Contact Information]