

# Discharge Planning Letter

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

Dear [Patient's Name],

We are writing to inform you about your upcoming discharge from [Facility/Clinic Name] on [Discharge Date]. As part of our commitment to providing you with ongoing support in your oncology care, we have outlined a discharge plan tailored to your needs.

## Discharge Summary

- **Date of Discharge:** [Discharge Date]
- **Diagnosis:** [Patient's Diagnosis]
- **Follow-up Appointments:** [List of Appointments]
- **Medications:** [List of Medications]

## Ongoing Support

To ensure you receive the necessary support after your discharge, please take note of the following resources:

- **Oncology Support Group:** [Group Details]
- **Nutrition Counseling:** [Contact Information]
- **Palliative Care Services:** [Contact Information]

## Emergency Contact Information

If you experience any issues or have concerns regarding your health after discharge, please contact:

[Oncologist's Name]

[Contact Number]

We are here to support you and help you navigate your aftercare effectively. Thank you for allowing us to be part of your journey.

Sincerely,

[Your Name]

[Your Title]

[Facility/Clinic Name]

[Contact Information]