

Discharge Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Insert Patient Name],

I hope this letter finds you well. This letter is to formally inform you that your treatment at [Insert Clinic/Hospital Name] has concluded as of [Insert Discharge Date]. It has been a pleasure working with you.

Please remember to schedule your follow-up appointment to monitor your progress. We recommend that you see your primary care physician or return to our clinic on [Insert Recommended Follow-Up Date].

For your convenience, here are the details for your follow-up appointment:

- Date: [Insert Follow-Up Date]
- Time: [Insert Follow-Up Time]
- Location: [Insert Clinic/Hospital Address]
- Contact Number: [Insert Contact Number]

If you have any questions or if you need to reschedule, please do not hesitate to contact us at [Insert Contact Information].

Thank you for allowing us to care for you. Wishing you all the best on your road to recovery!

Sincerely,

[Insert Clinician Name]

[Insert Clinician Title]

[Insert Clinic/Hospital Name]

[Insert Clinic/Hospital Contact Information]