

Date: [Date]

To: [Referring Provider Name]

Clinic: [Referring Clinic Name]

Fax/Address: [Recipient Contact Info]

RE: Patient Discharge Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Consultation/Procedure: [Date]

Dear Dr. [Referring Provider Last Name],

Thank you for referring [Patient Name] to our clinic for [Reason for Referral/Specialty]. The patient has completed their course of treatment and is now being discharged from our care back to your practice.

Clinical Findings & Diagnosis:

[Summary of findings and final diagnosis]

Procedures/Interventions Performed:

[List of tests, surgeries, or treatments]

Outcome & Current Status:

[Description of patient's progress and current health status]

Medication Changes:

[List new, discontinued, or modified medications]

Follow-up Recommendations:

[Specific instructions for the primary care provider or patient]

Should you require any further documentation or have questions regarding this case, please contact our office at [Office Phone Number].

Sincerely,

[Specialist Signature]

[Specialist Printed Name]

[Specialty Department]