

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Discharge from Speech-Language Pathology Services

Dear [Patient Name or Parent/Guardian Name],

This letter is to formally notify you that [Patient Name] has been discharged from Speech Therapy services at [Clinic/Facility Name] effective [Discharge Date].

Reason for Discharge:

Completion of all established treatment goals.

Maximum functional gain has been achieved at this time.

Transition to school-based or alternative services.

Other: [Specify]

Summary of Progress:

Since starting therapy on [Start Date], [Patient Name] has made the following progress: [Insert brief summary of improvements in communication, swallowing, or cognitive skills].

Final Recommendations:

To maintain the progress made during treatment, we recommend the following:

1. [Recommendation 1]

2. [Recommendation 2]

3. [Follow-up instructions, if any]

It has been a pleasure working with you. If you have any questions regarding this discharge or if you require services in the future, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Therapist Name, Credentials]

[Clinic Name]

CC: [Referring Physician Name]