

Date: [Date]

To: [Referring Physician Name]

Fax/Address: [Physician Contact Info]

RE: [Patient Full Name]

DOB: [Patient Date of Birth]

Diagnosis: [ICD-10 Code/Diagnosis Description]

Dear Dr. [Physician Last Name],

This letter is to inform you that [Patient Name] has been discharged from Physical Therapy services effective [Discharge Date].

Reason for Discharge:

- Goals Met / Maximum Medical Improvement
- Transition to Home Exercise Program
- Non-compliance / Failure to return
- Transfer of Care

Summary of Treatment:

The patient completed [Number] sessions between [Start Date] and [End Date]. Treatment focused on [Brief description of interventions, e.g., therapeutic exercise, manual therapy, and gait training].

Functional Outcome Status:

- **Pain Level:** Improved from [Initial Score]/10 to [Final Score]/10.
- **Range of Motion:** [Summarize improvements].
- **Strength:** [Summarize improvements].
- **Functional Status:** [e.g., Patient is now independent with activities of daily living and ambulation].

Final Assessment and Recommendations:

The patient has reached the anticipated goals. They have been provided with a comprehensive Home Exercise Program (HEP) and instructed on self-management techniques. No further formal therapy is indicated at this time.

Thank you for the referral. Please contact our office if you have any questions.

Sincerely,

[Therapist Signature]

[Therapist Name, Title]

[Clinic Name]

[Phone Number]