Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient ID: [ID Number]

RE: Discharge from Diabetes Management Program

Dear [Patient Name],

This letter confirms your formal discharge from the [Clinic Name] Diabetes Management Program, effective [Discharge Date].

Reason for Discharge:
[Reason: e.g., Goals met, Transfer of care, Non-compliance, Relocation]

Summary of Care:
During your time with our clinic, your treatment included: [Briefly list interventions, e.g., Insulin titration, dietary counseling, CGM initiation]. Your most recent HbA1c recorded on [Date] was [Value].

Final Medication List:
[List medications, dosages, and frequencies]

Follow-up Instructions:
Your ongoing diabetes care has been transitioned to [Primary Care Physician Name]. We recommend scheduling an appointment with them within [Timeframe, e.g., 4 weeks]. Please continue to monitor your blood glucose as previously instructed.

Emergency Information:
If you experience symptoms of severe hypoglycemia (low blood sugar) or DKA (high blood sugar with nausea/vomiting), please seek immediate medical attention at the nearest emergency department.

We wish you continued success in managing your health.

Sincerely,

[Provider Name/Signature]
[Title/Credentials]
[Clinic Name]
[Contact Phone Number]

CC: [Primary Care Physician Name]