Date: [Date]

Patient Name: [Patient Name]
Patient ID: [ID Number]
Program Completion Date: [Date]

Dear [Patient Name],

Congratulations on successfully completing the Hypertension Care Program. Based on your recent clinical evaluations, your blood pressure is now stable and meets the target goals set at the beginning of the program.

Summary of Care:

- Final Blood Pressure Reading: [BP Reading]
- Medication Regimen: [List Medications/Dosage]
- Lifestyle Modifications: [Diet/Exercise Summary]

Next Steps for Maintenance:

- Continue taking all prescribed medications as directed.
- Monitor your blood pressure at home [Frequency] and keep a log.
- Maintain a low-sodium diet and regular physical activity.
- Schedule a follow-up appointment with your primary care physician on [Date/Time].

Your care has now been transitioned back to your primary care provider. If you experience symptoms such as severe headaches, chest pain, or vision changes, please seek medical attention immediately.

We are proud of the progress you have made in managing your heart health.

Sincerely,

[Provider Name]
[Clinic/Program Name]
[Contact Information]