[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Re: Discharge from Asthma Control Protocol

Dear [Patient Name],

This letter is to formally confirm that you have successfully completed the Asthma Control Protocol at [Clinic/Facility Name]. Based on your recent clinical assessment and improved respiratory function, you are now being discharged from this specific monitoring program.

Summary of Progress:

- Stabilization of asthma symptoms.
- Optimization of inhaler technique and medication adherence.
- Completion of the Asthma Action Plan.
- Reduction in the use of rescue medication.

Ongoing Care Instructions:

- Continue taking your maintenance medications as prescribed.
- Follow the attached Personalized Asthma Action Plan for managing flare-ups.
- Schedule regular follow-up appointments with your Primary Care Physician every [Number] months.
- Avoid known triggers such as [Specific Triggers].

When to Seek Medical Attention:
Please contact your doctor or seek emergency care if you experience severe shortness of breath, a cough that will not stop, or if your rescue inhaler does not provide relief during an attack.

Your records regarding this protocol have been forwarded to your primary care provider, [Doctor's Name]. It has been a pleasure assisting you in managing your respiratory health.

Sincerely,

[Provider Signature]
[Provider Name, Title]
[Department Name]
[Phone Number]