Date: [Date]

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

To: [Primary Care Physician Name]

Subject: Discharge Summary and Cardiovascular Monitoring Plan

Dear Dr. [Physician Last Name],

This letter is to inform you that [Patient Name] was discharged from [Facility Name] on [Discharge Date] following treatment/observation for [Primary Diagnosis/Condition].

Clinical Summary:
During the admission, the patient underwent [Brief Description of Procedures/Tests]. Stabilized cardiac markers and vital signs were noted prior to discharge.

Discharge Medications:

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

Monitoring Requirements:

- **Blood Pressure:** Target below [Target BP]. Monitor [Daily/Weekly].
- **Heart Rate:** Monitor for arrhythmias or bradycardia.
- **Weight:** Daily tracking; report gain of >[X] lbs in 24 hours.
- **Labs:** [List specific tests like Lipids, INR, or Electrolytes] due by [Date].

Follow-up Appointments:

- **Cardiology:** [Date/Time] with Dr. [Name].
- **Primary Care:** Within [Number] days of discharge.

Red Flags (Seek Immediate Medical Care):
Chest pain, worsening shortness of breath, sudden swelling in extremities, or fainting spells.

Sincerely,

[Doctor Name]
[Department/Title]
[Contact Information]