Date: [Date]

To: [Primary Care Physician Name]
Clinic: [PCP Clinic Name]
Fax/Address: [PCP Contact Info]

RE: [Patient Full Name]
DOB: [Date of Birth]
MRN: [Medical Record Number]

Discharge Diagnosis: Chronic Heart Failure ([HFrEF / HFpEF])

Ejection Fraction (LVEF): [%] as of [Date]

NYHA Class: [I / II / III / IV]

Clinical Summary:
The patient was seen for management of heart failure. During the visit, the patient was found to be [clinically stable / recovering from exacerbation]. Volume status is currently [euvolemic / mildly fluid overloaded].

Medication Changes:

- **New Medications:** [List medications or "None"]
- **Discontinued Medications:** [List medications or "None"]
- **Dose Adjustments:** [List changes to Beta Blockers, ACEi/ARB/ARNI, MRA, or SGLT2i]

Current Management Plan:

1. **Daily Weights:** Patient instructed to monitor weight daily and report gain of >3 lbs in 24 hours or 5 lbs in a week.
2. **Fluid/Sodium Restriction:** [e.g., 2L fluid limit,
3. **Diuretic Protocol:** [Instructions for sliding scale or PRN diuretics].
4. **Lab Monitoring:** Please check BMP and Potassium on [Date].

Follow-up Schedule:
The patient is scheduled to return to the Cardiology/HF clinic in [Timeframe: e.g., 4 weeks]. Please monitor for signs of worsening dyspnea or peripheral edema.

Sincerely,

[Specialist Name, MD/NP/PA]
[Department of Cardiology/Heart Failure]
[Contact Phone Number]