Date: [Insert Date]

To: [Recipient Name/Primary Care Physician]
Address: [Recipient Address]

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

Dear [Doctor Name],

This letter serves to confirm that [Patient Name] has completed their intensive osteoporosis treatment program at [Clinic Name] and is now being discharged back to your primary care.

Diagnosis: [Primary Diagnosis, e.g., Postmenopausal Osteoporosis]

Treatment Summary:
The patient was started on [Medication Name] on [Start Date]. The final dose was administered on [End Date]. During the course of treatment, the patient showed [Improvement/Stability] in bone mineral density as evidenced by the most recent DXA scan on [Date].

Current Medications:

- [Medication Name, Dosage, Frequency]
- [Vitamin D Supplementation Dosage]
- [Calcium Supplementation Dosage]

Recommended Follow-up Plan:

- Repeat DXA scan in [Number] months/years.
- Monitor renal function and serum calcium levels every [Time Period].
- Continue weight-bearing exercises and fall prevention strategies.
- [Next Medication Dose Due Date, if applicable].

Reason for Discharge:
[e.g., Completion of treatment cycle / Transition to maintenance therapy / Patient stabilized].

Please contact our office at [Phone Number] if you require further documentation or clinical details regarding this treatment plan.

Sincerely,

[Signature]
[Printed Name]
[Title/Department]
[Facility Name]