

## URGENT CARE DISCHARGE & REFERRAL LETTER

**Date:** [Date]

**RE:** [Patient Name]

**DOB:** [Date of Birth]

**Gender:** [Gender]

**To:** [Specialist Name/Specialty Department]

**From:** [Provider Name], [Facility Name]

**Reason for Referral:** [Specific condition or concern]

### **Clinical Summary:**

The patient presented to Urgent Care on [Date] with the following symptoms: [Symptoms]. On examination, the following was noted: [Key Physical Findings].

### **Diagnostics Performed:**

- Labs: [Results]
- Imaging: [Results]
- Other: [Tests]

### **Diagnosis/Impression:**

[Diagnosis]

### **Treatment Provided:**

[Medications administered, procedures, or stabilization performed]

### **Required Follow-up:**

This patient requires specialist evaluation for [Reason for specialist expertise]. The requested urgency for this appointment is [Days/Weeks].

### **Current Medications:**

[List medications]

### **Allergies:**

[List allergies]

### **Provider Signature:**

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[Provider Name and Credentials]

[Facility Phone Number]