**Date:** [Insert Date]

**Patient Name:** [Insert Patient Name]
**Patient ID:** [Insert ID Number]
**Treatment Site:** [Insert Area Treated]

Dear [Patient Name],

Congratulations on completing your final session of radiation therapy today. This letter serves as your formal discharge summary and provides instructions for your post-treatment care.

**Treatment Summary:**
You have successfully completed a course of [Number] fractions of radiation therapy, starting on [Start Date] and concluding on [End Date].

**Immediate Skin and Side Effect Care:**

- Continue to follow the skin care routine advised during treatment for at least two weeks.
- Avoid direct sunlight on the treated area.
- Wear loose-fitting, soft clothing over the treatment site.
- Be aware that side effects (such as fatigue or skin redness) may peak 7 to 10 days after your final session before they begin to improve.

**Follow-Up Appointments:**

- Your first post-treatment review with Dr. [Doctor Name] is scheduled for: [Date and Time].
- Location: [Clinic/Hospital Address].

**When to Call Your Care Team:**
Please contact us immediately if you experience any of the following:

- A fever higher than 100.4F (38C).
- Severe pain that is not relieved by prescribed medication.
- New or worsening shortness of breath or cough.
- Skin blistering or weeping in the treated area.

**Contact Information:**
Radiation Oncology Department: [Phone Number]
After-Hours Nursing Line: [Phone Number]

We wish you the very best in your continued recovery.

Sincerely,

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