Date: [Date]

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

To: [Referring Provider Name]

Re: Discharge from Sleep Medicine Clinic

Dear [Provider Name],

This letter is to inform you that [Patient Name] has been formally discharged from the Sleep Medicine Clinic as of [Date].

Resolved Condition: [Name of Condition, e.g., Obstructive Sleep Apnea / Insomnia]
Reason for Discharge: The patient's sleep-related condition has been successfully treated and resolved. Recent evaluations indicate that the patient has reached clinical stability and no longer requires specialized sleep specialty intervention at this time.

Final Assessment:
[Summary of final test results or clinical findings]

Recommendations:

- The patient has been instructed to continue [Maintenance Therapy/Healthy Sleep Hygiene].
- If symptoms recur or new sleep concerns arise, please submit a new referral for re-evaluation.
- [Optional: Specific long-term follow-up instructions for Primary Care].

It has been a pleasure participating in the care of this patient. Please contact our office if you have any questions regarding this discharge.

Sincerely,

[Provider Name, Credentials]
[Clinic Name]
[Phone Number]