Date: [Date]

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

Subject: Discharge from Venom Immunotherapy (VIT) Program

Dear [Patient Name/Referring Physician Name],

This letter confirms that [Patient Name] has successfully completed a full course of Venom Immunotherapy (VIT) for hypersensitivity to [Type of Venom, e.g., Honey Bee, Yellow Jacket, Wasp].

Treatment Summary:

- **Start Date:** [Date]
- **Completion Date:** [Date]
- **Maintenance Dose Reached:** [Dose, e.g., 100 mcg]
- **Total Duration of Therapy:** [Number] years

Based on current clinical guidelines and the patient's treatment history, it has been determined that the patient has reached a level of desensitization where the risk of a systemic reaction to a future sting is significantly reduced. Therefore, regular maintenance injections are no longer required.

Post-Discharge Recommendations:

- **Emergency Medications:** It is recommended that the patient continues to carry an Epinephrine Auto-Injector (e.g., EpiPen) for [Timeframe, e.g., at least one year / indefinitely] as a safety precaution.
- **Sting Avoidance:** Continue to practice standard precautions to avoid insect stings.
- **Follow-up:** Please contact this clinic if the patient experiences a systemic reaction to a future sting.

The patient has been educated on the signs of anaphylaxis and the proper use of emergency medications.

Sincerely,

[Physician Name]
[Clinic/Department Name]
[Contact Information]