Date: [Date]

To: [PCP Name]
Clinic Name: [Clinic Name]
Fax/Address: [Fax Number/Address]

RE: Discharge from Desensitization Treatment
Patient Name: [Patient Full Name]
Date of Birth: [DOB]

Dear Dr. [PCP Last Name],

This letter is to inform you that the above-named patient has successfully completed their desensitization protocol for [Allergen/Medication Name] and is being discharged from our specialized care back to your primary management.

Treatment Summary:

- **Start Date:** [Date]
- **End Date:** [Date]
- **Maintenance Dose Reached:** [Dose Amount]
- **Tolerance Status:** [Excellent/Stable/Reactive]

Current Recommendations:

- The patient should continue the maintenance dose of [Dose] at a frequency of [Frequency].
- The patient has been provided with an Emergency Action Plan and an Epinephrine Auto-Injector (if applicable).
- Please monitor for any delayed systemic reactions or recurrence of symptoms.

Follow-up Plan:

The patient is instructed to follow up with your office for routine care. We have advised the patient to contact our clinic immediately if they experience any adverse reactions or if a break in the maintenance schedule occurs.

Thank you for the opportunity to participate in this patient's care. Please contact us at [Phone Number] if you have any questions.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Specialty Department]