Date: [Insert Date]

Patient Name: [Insert Patient Name]
Date of Birth: [Insert DOB]
Patient ID: [Insert ID Number]

Subject: Discharge Letter - Successful Completion of Allergy Desensitization

Dear [Patient Name or Referring Physician],

This letter confirms that the above-named patient has successfully completed their course of Allergen Immunotherapy (desensitization) for seasonal allergic rhinitis. The treatment targeted [Specify Allergen, e.g., Grass Pollen/Tree Pollen].

Treatment Summary:

- **Start Date:** [Insert Date]
- **Completion Date:** [Insert Date]
- **Method:** [SCIT - Injections / SLIT - Sublingual]
- **Outcome:** The patient has achieved the maintenance goal and reports a significant reduction in clinical symptoms and decreased reliance on rescue medications.

Follow-up Recommendations:

The patient is now discharged from active immunotherapy. While long-term desensitization is expected, we recommend the following:

- Continue standard environmental allergen avoidance measures.
- Use over-the-counter antihistamines or nasal sprays only as needed for minor breakthrough symptoms.
- Contact the clinic if there is a significant recurrence of severe symptoms.

It has been a pleasure participating in your care. We wish you a comfortable and symptom-free upcoming season.

Sincerely,

[Doctor's Name]
[Clinic/Department Name]
[Contact Information]