

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Congratulations on successfully completing the [Program Name] at [Facility/Clinic Name]. This letter serves as your formal discharge from the program, effective [Discharge Date].

During your time with us, you have reached several key milestones, including:

- [Achievement 1, e.g., Improved mobility]
- [Achievement 2, e.g., Implementation of self-management techniques]
- [Achievement 3, e.g., Reduction in medication reliance]

To maintain your progress, we recommend the following home maintenance plan:

[Insert physical exercises, behavioral strategies, or follow-up instructions here].

A summary of your treatment and progress has been sent to your primary care physician, [Doctor's Name]. We recommend scheduling a follow-up appointment with them within [Time Frame] to review your ongoing care.

If you experience a significant increase in symptoms or have questions regarding your home program, please contact our office at [Phone Number].

We wish you continued success in managing your health and wellness.

Sincerely,

[Provider Name/Signature]

[Title]

[Facility Name]