

Date: [Date]

To: [Primary Care Physician Name]

Clinic Name: [Clinic Name]

Fax/Address: [Fax Number/Address]

RE: Discharge from Specialty Pain Management

Patient Name: [Patient Name]

Date of Birth: [DOB]

MRN: [Medical Record Number]

Dear Dr. [PCP Last Name],

This letter is to inform you that [Patient Name] has been clinically stabilized and is being discharged from [Specialty Pain Clinic Name] back to your primary care for ongoing medication management and monitoring.

Final Diagnosis:

[List chronic pain conditions]

Treatment Summary:

The patient has undergone [list procedures, physical therapy, or behavioral health interventions]. They have reached a stable baseline with their current functional status.

Current Medication Regimen:

[Medication Name, Dosage, Frequency]

[Medication Name, Dosage, Frequency]

Primary Care Management Plan:

1. Continue current medications as listed above.
2. Perform routine urine drug screening and PMP checks per standard guidelines.
3. Monitor for changes in function or signs of opioid misuse.
4. Long-term goals: [e.g., maintain current activity levels, prevent escalation of dose].

Discharge Criteria:

The patient is aware that any further escalation in therapy or new interventional needs will require a new referral to our clinic.

If you have any questions regarding this transition or the clinical history, please contact our office at [Phone Number].

Sincerely,

[Provider Name, Credentials]

[Clinic Name]