

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Patient ID/Chart Number: [Patient ID]

Subject: Discharge from Medical Care due to Relocation

Dear [Patient Name],

This letter is to formally confirm your discharge from [Clinic Name] effective [Date], following your notification that you are relocating to a new area.

Medical Summary:

During your time with our clinic, you were being managed for the following conditions:
[List Main Diagnoses/Conditions]

Current Medications:

[List Current Medications and Dosages]

Follow-up Requirements:

We recommend that you establish care with a new primary care physician in your new location within [Number] days to ensure continuity of treatment, specifically for [Specific Treatment/Monitoring].

Medical Records:

To assist your new provider, we can transfer your medical records upon receipt of a signed authorization form. You may also request a printed summary of your recent laboratory results and clinical notes for your personal files.

We wish you the best in your new location.

Sincerely,

[Doctor Name/Signature]

[Clinic Name]

[Clinic Phone Number]

[Clinic Address]