[Clinic Name]
[Clinic Address]
[Clinic Phone Number]
[Date]

[Patient Name]
[Patient Address]
[Patient ID Number]

Subject: Discharge from Weight Loss Program

Dear [Patient Name],

This letter serves as formal notification that you are being discharged from the weight loss program at [Clinic Name], effective [Discharge Date].

Reason for Discharge:
[Select one: Successful completion of program goals / Patient request / Non-compliance with clinic protocols / Transfer of care / Other: _____]

Summary of Progress:
Throughout your time with us, you have achieved the following:
- Total Weight Loss: [Amount]
- Total Duration: [Number] months/weeks
- Key Milestones: [List milestones or improvements in health markers]

Maintenance Plan and Recommendations:
To ensure your continued success, we recommend the following steps:
- Follow the attached nutrition and exercise maintenance guide.
- Schedule a follow-up with your primary care physician within [Timeframe].
- Continue monitoring [Specific health markers].

Final Instructions:
Your final laboratory results and clinical summary have been sent to your primary care provider, [Doctor's Name]. If you require copies of your medical records, please contact our administrative office.

We have enjoyed supporting you on your health journey and wish you the very best in maintaining your results.

Sincerely,

[Provider Name/Signature]
[Provider Title]
[Clinic Name]