Date: [Date]

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

Recipient: [Referring Provider/Primary Care Physician Name]
Facility: [Facility Name]

RE: Discharge from Comprehensive Weight Management Program

Dear [Provider Name],

This letter is to formally notify you that [Patient Name] has been discharged from our Comprehensive Weight Management Program effective [Discharge Date].

Reason for Discharge:
[Goal Achievement / Program Completion / Patient Request / Non-compliance / Transfer of Care]

Clinical Summary:

- **Initial Weight/BMI:** [Start Weight] / [Start BMI]
- **Current Weight/BMI:** [Current Weight] / [Current BMI]
- **Total Weight Change:** [Total Change]
- **Duration of Treatment:** [Number of Months/Weeks]

Interventions Provided:
During the course of the program, the patient received the following interventions: [Medical Nutrition Therapy, Physical Activity Counseling, Behavioral Therapy, Pharmacotherapy (specify medications), or Bariatric Surgery].

Medication Status:
The patient is currently prescribed the following weight-related medications: [List medications and dosages or "None"].

Long-term Maintenance Plan:
The patient has been advised on the following maintenance strategies:
[Details of caloric intake, exercise routine, and follow-up monitoring].

Follow-up Recommendations:
We recommend that you continue to monitor the patient's metabolic health, including blood pressure, lipid profile, and A1C levels, every [3/6/12] months. Should the patient experience a weight regain of more than [X]%, a re-referral to our clinic may be appropriate.

Thank you for the opportunity to participate in this patient's care. If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]
[Provider Printed Name]
[Title/Credentials]