Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Subject: Discharge from Long-Term Weight Loss Monitoring Program

Dear [Patient Name],

This letter is to formally notify you of your discharge from the Weight Loss Monitoring Program, effective [Date].

Reason for Discharge:

[Insert reason: e.g., Successful completion of target goals / Transfer to primary care / Patient request / Non-compliance with follow-up protocols]

Summary of Progress:

- Starting Weight: [Weight]
- Current Weight: [Weight]
- Total Weight Loss: [Amount]
- Current BMI: [BMI]

Maintenance Plan and Recommendations:

To maintain your progress, we recommend the following:

- Continue regular physical activity as discussed.
- Maintain the balanced nutritional plan provided during your treatment.
- Schedule periodic weigh-ins with your Primary Care Physician.
- [Additional Recommendation]

Follow-Up:

A summary of your treatment and progress has been sent to your Primary Care Physician, [Doctor Name]. If you experience significant weight regain or related health concerns, please contact your doctor or request a new referral to our clinic.

Congratulations on your efforts and achievements during this program.

Sincerely,

[Provider Name]
[Provider Title]
[Clinic/Facility Name]