

Date: [Date]

To: [Recipient Name/GP Name]

Facility: [Medical Center/Clinic Name]

Address: [Clinic Address]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID/MRN: [ID Number]

Subject: Discharge Summary - Completion of Wound Care

Dear [Name of Recipient],

This letter is to confirm that [Patient Name] has successfully completed their wound care treatment at [Clinic Name] as of [Discharge Date].

Clinical Summary:

- **Initial Diagnosis:** [Type of wound, e.g., Surgical incision, Venous ulcer]
- **Location:** [Anatomic site]
- **Treatment Period:** [Start Date] to [End Date]
- **Outcome:** Full epithelialization and wound closure achieved.

Discharge Status:

The wound is currently 100% closed with no signs of infection, exudate, or complications. The patient has been educated on skin protection and scar management.

Follow-up Instructions:

- Continue moisturizing the healed area with [Recommended Product].
- Protect the area from direct sunlight and mechanical trauma.
- Contact your primary care physician if you notice any new redness, swelling, or breakdown of the tissue.

The patient is now discharged from our specialist wound care service. No further appointments are scheduled at this time.

Sincerely,

[Signature]

[Name of Clinician]

[Title/Position]

[Contact Information]