

**Date:** [Date]

**To:** [PCP Name]

**Clinic Name:** [Clinic Name]

**Fax/Phone:** [PCP Contact Information]

**RE: Patient Discharge from Wound Care**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Date of Discharge:** [Discharge Date]

Dear Dr. [PCP Last Name],

This letter is to inform you that the above-named patient has been discharged from our Wound Care facility. The patient's treatment goals have been met, and care is now being transferred back to your office for ongoing primary management.

**Final Diagnosis/Wound Type:** [e.g., Stage 3 Pressure Injury / Diabetic Foot Ulcer]

**Treatment Summary:**

The patient was treated from [Start Date] to [End Date]. Treatment included [list interventions, e.g., debridement, compression therapy, negative pressure therapy].

**Current Status at Discharge:**

Wound fully healed / Re-epithelialized

Wound significantly improved; minimal drainage

Other: [Specify]

**Recommended Follow-Up Care:**

1. Skin Care: [e.g., Daily moisturizing, skin checks]
2. Offloading/Equipment: [e.g., Diabetic shoes, pressure cushions]
3. Signs of Infection: Please monitor for increased redness, warmth, or drainage.

**Supplies/Dressings:**

The patient has been instructed to use: [Type of dressing or "None Required"].

A full clinical summary and progress notes are attached for your records. If you have any questions regarding this patient's wound history, please contact our clinic at [Your Phone Number].

Sincerely,

[Provider Signature]

[Provider Printed Name]

[Facility Name]