

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Discharge Date: [Last Date of Service]

Dear [Patient Name/Caregiver],

This letter confirms that you have been discharged from wound care services with [Agency Name]. Your wound has reached the following status: [e.g., fully healed / stable for self-care / transferred to clinic].

Summary of Care

Wound Location: [Location]

Status at Discharge: [Description of wound appearance]

Home Care Instructions

- **Cleaning:** [Instructions, e.g., mild soap and water]
- **Dressing Change:** [Type of bandage and frequency]
- **Activity Level:** [Restrictions or recommendations]

Follow-Up Appointments

You are scheduled to see [Doctor Name] on [Date/Time] at [Location].

When to Call Your Doctor

Please contact your primary physician or seek medical attention if you notice:

- Increased pain or swelling at the wound site.
- Redness spreading away from the wound.
- Foul odor or unusual drainage (pus).
- Fever over 101F or chills.

It has been a pleasure assisting you with your recovery.

Sincerely,

[Nurse Name/Signature]

[Title]

[Agency Name]

[Phone Number]