

Date: [Insert Date]

To: [Primary Care Physician Name]

Facility: [Clinic/Practice Name]

Address: [Address line 1, City, State, Zip]

RE: Discharge Summary for Diabetic Foot Ulcer Resolution

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear Dr. [Physician Last Name],

This letter is to inform you that the above-named patient has been formally discharged from the [Clinic Name] Diabetic Foot Clinic effective [Discharge Date].

Clinical Summary:

- **Initial Presentation:** [Location of ulcer, e.g., Left 1st Metatarsal] on [Initial Visit Date].
- **Resolution Status:** The ulcer is fully epithelialized and clinically healed as of [Healed Date].
- **Treatment Provided:** [Summary of treatments: e.g., Debridement, Off-loading, Infection management].

Maintenance and Follow-up Plan:

The patient has been educated on the following prevention strategies to reduce the risk of recurrence:

- Daily self-inspection of both feet for redness, blisters, or skin breaks.
- Appropriate use of prescribed diabetic footwear/orthotics.
- Maintaining glycemic control as per your recommendations.
- Routine podiatry care every [3/6] months.

Red Flags for Immediate Re-referral:

Please refer the patient back to our specialist clinic immediately if you observe: new skin breakdown, increased local temperature, unexplained swelling, or signs of infection (purulence/foul odor).

Thank you for the opportunity to participate in this patient's care.

Sincerely,

[Provider Signature]

[Provider Printed Name]

[Title/Credentials]

[Clinic Name]