

**Date:** [Date]

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

**Date of Birth:** [DOB]

**Hospital Number:** [ID Number]

**Procedure Date:** [Date of Surgery]

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**To:** [GP Name/Referring Clinician]

**Subject: Discharge from Wound Clearance Clinic**

Dear Doctor,

Your patient was reviewed today in the Post-Operative Wound Clearance Clinic following their [Name of Surgical Procedure].

**Clinical Assessment:**

The surgical site was inspected. The wound is well-healed, with no signs of infection, dehiscence, or active drainage. All sutures/staples have been removed as required.

**Outcome:**

The patient has been formally discharged from the Wound Clearance Clinic. No further routine wound reviews are scheduled at this time.

**Post-Discharge Instructions:**

The patient has been advised to:

- Keep the area clean and dry for the next 24 hours.
- Moisturize the scar once fully closed if appropriate.
- Contact their GP or the surgical team if they notice new redness, swelling, or discharge.

**Follow-up:**

No further surgical follow-up required.

Routine surgical outpatient appointment scheduled for: [Date/Time].

Yours sincerely,

[Clinician Name]

[Title/Designation]

[Department Name]