

**Date:** [Insert Date]

**To:** [Primary Care Physician Name]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

**Subject:** Discharge to Maintenance Care - Chronic Venous Ulcer

Dear Dr. [Physician Last Name],

This letter is to inform you that [Patient Name] has been discharged from active wound clinic treatment to a maintenance phase of care. The chronic venous ulcer located on the [Left/Right] [Location] has achieved [Full Closure/Stable Epithelialization].

**Final Assessment:**

- **Wound Status:** Healed / Maintenance required.
- **Skin Condition:** [Describe e.g., Hemosiderin staining present, skin intact].
- **Circulation:** [Describe e.g., Distal pulses present, ABI results].

**Maintenance Plan and Recommendations:**

- **Compression Therapy:** The patient must continue wearing [Specify Grade, e.g., 20-30 mmHg] compression stockings daily to prevent recurrence.
- **Skin Care:** Daily application of [Specific Emollient/Moisturizer] to the affected limb to maintain skin integrity.
- **Activity:** Leg elevation when sedentary and regular walking as tolerated.

**Follow-up Instructions:**

The patient has been instructed to contact your office or this clinic immediately if any of the following occur:

- New skin breakdown or redness.
- Increased swelling or pain.
- Signs of localized infection (heat, odor, or discharge).

Thank you for the continued co-management of this patient.

Sincerely,

[Your Name/Signature]

[Title/Clinic Name]

[Contact Information]