

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Outpatient Burn Care Recovery Discharge Summary

Dear [Patient Name/Primary Care Physician],

This letter confirms that the patient named above has completed their course of treatment at the Outpatient Burn Care Recovery Clinic. The patient has reached maximum clinical improvement for their recent burn injury and is officially discharged from our specialized care.

1. Treatment Summary

- **Date of Injury:** [Date]
- **Mechanism of Injury:** [Type of Burn - e.g., Thermal, Chemical]
- **Total Body Surface Area (TBSA):** [Percentage]%
- **Final Wound Status:** [e.g., Fully epithelialized / Grafted and stable]

2. Home Care Instructions

To ensure continued skin health and scar maturation, the patient should follow these guidelines:

- **Moisturization:** Apply [Specific Cream/Lotion] to the healed area [Number] times daily to prevent dryness and itching.
- **Sun Protection:** Use SPF 50+ sunscreen and wear protective clothing on the affected area for at least 12 months, as healed skin is highly sensitive to UV rays.
- **Massage:** Perform scar massage for [Number] minutes, [Number] times per day to maintain skin flexibility.
- **Compression:** [Continue/Discontinue] use of pressure garments as previously instructed.

3. Activity and Work

- **Physical Activity:** [Full clearance / Specific restrictions]
- **Work/School Status:** Cleared to return to full duties as of [Date].

4. When to Seek Medical Attention

Please contact a healthcare provider or return to the clinic if you notice:

- New blistering or open sores in the healed area.

- Signs of infection (increased redness, swelling, or pus).
- Severe itching that prevents sleep.
- Excessive tightening of the skin that restricts movement.

5. Follow-Up

No further routine appointments are scheduled at this clinic. We recommend a follow-up with your Primary Care Physician in [Timeframe].

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Clinic Name]

[Contact Information]