

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Medical Record Number: [Insert MRN]

To: [Primary Care Physician/Cardiologist Name]

Facility Name: [Insert Facility Name]

Subject: Cardiac Care Post-Hospital Discharge Evaluation

Dear Dr. [Doctor Last Name],

This letter serves as a summary of the post-discharge evaluation for the above-named patient, following their hospitalization from [Admission Date] to [Discharge Date].

Primary Diagnosis:

[Insert Primary Cardiac Diagnosis, e.g., Acute Myocardial Infarction, Congestive Heart Failure]

Current Clinical Status:

[Insert Brief Assessment of Symptoms, e.g., Stable, Denies chest pain or shortness of breath]

Vital Signs:

Blood Pressure: [Insert BP]

Heart Rate: [Insert HR]

Weight: [Insert Weight] (Change since discharge: [Insert +/- lbs])

Medication Reconciliation:

The patient's medication list has been reviewed. Notable changes include:

[List additions, deletions, or dosage adjustments]

Diagnostic Results:

[Insert relevant post-discharge test results, e.g., EKG findings, Lab work, Echocardiogram]

Plan of Care:

1. [Instruction 1, e.g., Cardiac rehabilitation schedule]
2. [Instruction 2, e.g., Follow-up imaging in 4 weeks]
3. [Instruction 3, e.g., Dietary and fluid restrictions]

Provider Recommendations:

[Insert specific requests for the Primary Care Physician or specialist]

Please contact our office at [Phone Number] if you have any questions regarding this evaluation.

Sincerely,

[Signature]

[Printed Name and Title]

[Department/Clinic Name]