

[Date]

To the Family of [Patient Name],

Subject: Graduation from Pediatric Care and Final Discharge

It has been a privilege to care for [Patient Name] over the years. As [Patient Name] has reached the age of [Age], it is time to transition from pediatric care to an adult primary care physician or internist.

This letter serves as a formal notice of discharge from [Clinic Name], effective [Date]. To ensure a smooth transition, we recommend that you establish care with an adult provider as soon as possible. Our office will remain available for urgent needs for the next [Number] days to allow you time to secure a new doctor.

We have included a summary of current immunizations and major medical history with this letter. Upon your written request, we will transfer a full copy of the medical records to the new physician's office.

We have truly enjoyed watching [Patient Name] grow and wish your family the very best in health and future endeavors.

Sincerely,

[Doctor Name]

[Clinic Name]

[Phone Number]