

Date: [Date]

To: [Pediatrician Name]

Clinic Name: [Clinic Name]

Fax/Phone: [Clinic Contact Information]

RE: Discharge Summary and Transfer of Care

Patient Name: [Infant Full Name]

Date of Birth: [DOB]

Gestational Age at Birth: [Weeks/Days]

Birth Weight: [Weight]

Discharge Weight: [Weight]

NICU Stay Dates: [Admission Date] to [Discharge Date]

Dear Dr. [Pediatrician Last Name],

This letter is to formally transfer the care of [Infant Name], a premature infant recently discharged from the Neonatal Intensive Care Unit (NICU) at [Hospital Name].

Primary Diagnoses:

- Prematurity ([Number] weeks gestation)
- [Diagnosis 2, e.g., Respiratory Distress Syndrome]
- [Diagnosis 3, e.g., Hyperbilirubinemia]

Clinical Course Summary:

[Brief summary of respiratory support, feeding progression, and major procedures or complications].

Current Medications:

- [Medication Name] - [Dosage/Frequency]
- [Vitamin/Supplement] - [Dosage/Frequency]

Feeding Plan:

[Breastmilk/Formula type], [Volume] every [Number] hours. Total daily goal: [Amount].

Follow-up Appointments Required:

- Pediatrician Visit: Within [24-48] hours of discharge.
- Ophthalmology (ROP Screen): [Date/Time]
- Audiology: [Date/Time]
- Early Intervention/Developmental Clinic: [Date/Time]

Pending Results:

[List any pending labs or genetic testing, or state "None"].

Detailed discharge papers and immunization records are attached. If you have any questions regarding this patient's NICU course, please contact us at [Phone Number].

Sincerely,

[Physician Name/Neonatologist]
[Title]
[Hospital Name]
[Contact Information]