

Date: [Date of Discharge]

RE: [Patient Full Name]

Date of Birth: [DOB]

Gestational Age at Birth: [Weeks/Days]

Birth Weight: [Weight]

Discharge Weight: [Weight]

Dear Dr. [Pediatrician Name],

This letter serves to summarize the neonatal course for [Patient Name], who was admitted to the Neonatal Intensive Care Unit (NICU) at [Hospital Name] from [Admission Date] to [Discharge Date].

Primary Diagnosis:

[List primary diagnosis, e.g., Prematurity, Respiratory Distress Syndrome, etc.]

Secondary Diagnoses:

[List secondary diagnoses]

Clinical Summary:

[Brief summary of hospital course, including respiratory support, nutrition/growth, and significant procedures or imaging results.]

Medications at Discharge:

[List medication name, dosage, frequency, and duration]

Immunizations Given:

[List vaccines administered during stay]

Follow-up Requirements:

- **Pediatrician Appointment:** [Date/Time or timeframe]
- **Specialist Referrals:** [List specialists, e.g., Ophthalmology, Cardiology, Audiology]
- **Therapy Services:** [e.g., Early Intervention, Physical Therapy]
- **Pending Results:** [List any labs or cultures pending at time of discharge]

Feeding Plan:

[Type of milk/formula, fortification details, and volume/frequency]

Attached are the formal Discharge Summary and relevant lab reports. Please contact the NICU at [Phone Number] if you have any questions regarding this patient's transition.

Sincerely,

[Attending Physician Name]
[Title]
[Department of Neonatology]
[Hospital Name]