

Date: [Date]

To: [Pediatrician Name/Practice Name]

Address: [Pediatrician Address]

Phone: [Pediatrician Phone Number]

RE: Discharge Summary and Transfer of Care

Patient Name: [Infant Name]

Date of Birth: [DOB]

Mother's Name: [Mother's Name]

Date of Admission: [Admission Date]

Date of Discharge: [Discharge Date]

Dear Dr. [Pediatrician Last Name],

This letter is to formally transfer the medical care of [Infant Name] to your practice following their discharge from the Neonatal Intensive Care Unit (NICU) at [Hospital Name].

Birth History:

Gestational Age at Birth: [Weeks/Days]

Birth Weight: [Weight]

Delivery Type: [Vaginal/C-Section]

Apgar Scores: [1 min / 5 min]

Primary Diagnoses:

1. [Diagnosis 1]

2. [Diagnosis 2]

3. [Diagnosis 3]

Hospital Course Summary:

[Brief summary of respiratory support, feeding progression, infections, or surgeries].

Status at Discharge:

Weight: [Discharge Weight]

Feeding: [Breastmilk/Formula/Fortification Details]

Vision/Hearing Screenings: [Results]

Newborn Screening: [Results/Pending]

Follow-up Requirements:

- **Appointment with Pediatrician:** Within [Number] days.

- **Specialist Referrals:** [List specialist and timeframe].

- **Pending Labs/Tests:** [List any outstanding results].

Current Medications:

[Medication Name, Dosage, Frequency]

Complete medical records and discharge summaries are attached. Please contact our unit at [Phone Number] if you require further clarification.

Sincerely,

[Signature]

[Name of Attending Neonatologist]

[NICU Department Name]

[Hospital Name]