

Date: [Date]

To: [Pediatrician Name]

Clinic Name: [Clinic Name]

Fax/Phone: [Phone Number]

RE: Discharge Summary and Transfer of Care

Patient Name: [Infant's Full Name]

Date of Birth: [DOB]

Mothers Name: [Mother's Name]

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

Dear Dr. [Pediatrician Last Name],

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

Primary Diagnosis:

[Name of Congenital Condition/Anomaly]

Secondary Diagnoses:

1. [Diagnosis 2]
2. [Diagnosis 3]

Clinical Summary:

[Infant's Name] was born at [Gestational Age] via [Type of Delivery]. The NICU course was significant for [Brief description of complications, surgeries, or interventions related to the congenital condition]. The patient is currently stable on [Room air/Oxygen/Feeding type].

Discharge Medications:

- [Medication Name], [Dosage], [Frequency]
- [Medication Name], [Dosage], [Frequency]

Pending Results:

- [List any labs or genetic tests with pending results]

Recommended Follow-up Schedule:

- **Pediatrician:** Within [Number] days of discharge.
- **Specialist (e.g., Cardiology):** [Date/Timeframe]
- **Specialist (e.g., Genetics):** [Date/Timeframe]
- **Therapy (OT/PT/ST):** [Frequency]

Specific Care Instructions for Primary Care:

[Note specific red flags, growth monitoring needs, or wound care related to the congenital condition].

Complete medical records and nursing summaries are attached. If you have any questions regarding this transition, please contact the NICU at [Phone Number].

Sincerely,

[Attending Neonatologist Name]
[Hospital Name]
[Contact Information]