

**Date:** [Date]

**RE:** [Patient Full Name]

**DOB:** [Patient Date of Birth]

**MRN:** [Medical Record Number]

**To:** Dr. [Primary Care Physician Name]

Dear Dr. [PCP Last Name],

This letter is to inform you that [Patient Name] has been discharged from the Outpatient Neurology Clinic at [Clinic Name] as of [Discharge Date].

**Neurological Diagnosis:**

- [Diagnosis 1]
- [Diagnosis 2]

**Summary of Care:**

The patient was followed for [Duration of treatment]. During this time, the following interventions and evaluations were completed: [Briefly list tests, e.g., MRI, EEG, EMG]. The patient's condition is currently [stable / resolved / managed].

**Current Medications (Neurology Related):**

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

**Reason for Discharge:**

[e.g., Condition stabilized / Transfer to local provider / Treatment goals met].

**Recommended Follow-up Plan:**

[Instructions for PCP, e.g., Resume routine monitoring / Refill medications as listed / Refer back if symptoms recur].

Records of the final consultation and test results are attached for your review. If you have any questions regarding this transfer, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name, Title]

[Clinic Name]