

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Patient ID: [Insert ID Number]

Subject: Final Surgical Discharge and Recovery Conclusion

Dear [Insert Patient Name],

This letter serves as formal notification of your final discharge from surgical care following your procedure: **[Insert Name of Surgery]** performed on **[Insert Date of Surgery]**.

Recovery Status:

Based on your final clinical evaluation on [Insert Date of Last Visit], your surgical site has healed satisfactorily. You have met all necessary functional milestones, and no further routine surgical follow-up appointments are required at this time.

Activity and Restrictions:

[Insert specific instructions, e.g., You may now return to full physical activity without restrictions / Please continue to avoid heavy lifting for X more weeks].

Medications:

[Insert medication instructions, e.g., All surgical medications are discontinued / Please continue the following prescriptions as directed by your primary care physician].

Long-term Care:

Management of your general health and any ongoing non-surgical concerns should now return to your Primary Care Provider (PCP). We have forwarded a summary of your surgical recovery to [Insert PCP Name].

When to Contact Us:

While you are officially discharged, please contact our office or seek medical attention if you experience unexpected redness, severe pain at the site, or fever related to your procedure.

We wish you continued health and a full return to your daily activities.

Sincerely,

[Insert Surgeon Name]

[Insert Department/Clinic Name]

[Insert Contact Number]