Date: [Insert Date]

To: [Primary Care Physician Name]
Clinic: [Practice Name]
Address: [Practice Address]

RE: Patient Discharge and Resumption of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
ID/NHS Number: [ID Number]

Dear Dr. [PCP Last Name],

This patient was seen in the [Specialty Name] clinic on [Last Visit Date]. Having completed their course of specialist treatment, they are now being discharged back to your primary care.

Diagnosis:

- [Primary Diagnosis]
- [Secondary Diagnosis/Comorbidities]

Summary of Treatment:
[Brief summary of procedures, interventions, or consultations provided].

Current Clinical Status:
[Describe patient's current condition and stability].

Medication Changes:
[List any new, altered, or discontinued medications].

Recommended Management Plan for Primary Care:

- **Monitoring:** [e.g., Blood tests every 6 months]
- **Medication Management:** [e.g., Continue current dose indefinitely]
- **Red Flags:** [e.g., Symptoms requiring urgent re-referral]

Thank you for your collaboration in this patient's care. Please do not hesitate to contact our department if you have any questions or if the patient's condition necessitates a new referral in the future.

Sincerely,

[Specialist Name]
[Specialist Title/Grade]
[Department Name]
[Contact Information]