

[Your Healthcare Facility's Letterhead]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, ZIP Code]

[Phone Number]

Dear [Patient's Name],

RE: Discharge Instructions

Thank you for choosing [Healthcare Facility Name] for your outpatient care. Below are your discharge instructions that are important for your recovery and well-being.

****1. Appointment Follow-Up****

- Follow up with [Provider's Name/Department] on [Date] at [Time].

****2. Medications****

- Take [Medication Name] [Dosage] [Frequency].

- [Medication Name] should be taken with food.

- Side effects to watch for include [List side effects].

****3. Activity Restrictions****

- Avoid [Activity 1] for [Duration].

- Gradually resume normal activities as tolerated.

****4. Symptoms to Monitor****

- Please monitor for any of the following symptoms:

- [Symptom 1]

- [Symptom 2]

- [Symptom 3]

****5. When to Seek Medical Attention****

- Contact your provider or seek immediate care if you experience:

- Severe pain or discomfort

- [Any other critical symptoms]

****6. Additional Instructions****

- [Any other relevant information]

If you have any questions or concerns, please do not hesitate to contact our office at [Office Phone Number]. We are here to support you.

Wishing you a smooth recovery!

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]