

[Your Hospital/Clinic Name]

[Your Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: IV Therapy Discharge Summary

We are pleased to inform you that you have completed your intravenous (IV) therapy treatment. Below is a summary of your therapy, discharge instructions, and follow-up care.

**\*\*Treatment Overview:\*\***

- Start Date: [Start Date]
- End Date: [End Date]
- Type of Therapy: [Type of IV Therapy]
- Medications Administered: [List of Medications]

**\*\*Discharge Instructions:\*\***

1. Hydration: Continue to drink plenty of fluids to stay hydrated.
2. Medication: Please follow the prescription provided for any oral medications.
3. Site Care: Keep the IV site clean and dry. If redness or swelling occurs, please contact us.
4. Symptoms to Watch For: If you experience any fever, increased pain, or unusual symptoms, seek medical attention immediately.

**\*\*Follow-Up Care:\*\***

- Follow-up Appointment: [Date and Time of Appointment]
- Physician: [Name of Physician]
- Contact Number: [Physician's Office Number]

Thank you for choosing [Your Hospital/Clinic Name] for your healthcare needs. We wish you a smooth recovery.

Sincerely,

[Your Name]

[Your Job Title]

[Your Hospital/Clinic Name]