

[Your Hospital/Clinic Name]  
[Your Hospital/Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]  
Dear [Patient's Name],

We are pleased to inform you that you are being discharged from [Hospital/Clinic Name] following your treatment for Klebsiella bacteremia. Below are important details regarding your discharge and follow-up care:

**\*\*Diagnosis:\*\***

Klebsiella bacteremia

**\*\*Treatment Summary:\*\***

- Hospitalization dates: [Admission Date] to [Discharge Date]
- Treatment received: [List of treatments, medications, and any procedures performed]

**\*\*Medications:\*\***

Please take the following medications as prescribed:

1. [Medication Name] - [Dosage and frequency]
2. [Medication Name] - [Dosage and frequency]
3. [Medication Name] - [Dosage and frequency]

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

- Follow-up appointment with [Provider/Department] on [Date] at [Time].
- Please call [Phone Number] to schedule if necessary.

**\*\*Signs and Symptoms to Monitor:\*\***

Please be aware of the following signs and symptoms that may require immediate medical attention:

- Fever
- Increased heart rate
- Chills
- Worsening abdominal or flank pain

**\*\*Lifestyle Recommendations:\*\***

- Stay hydrated and maintain a balanced diet.
- Rest and gradually resume normal activities as tolerated.
- Continue practicing good hygiene to prevent infections.

If you have any questions or concerns, please do not hesitate to contact us at [Phone Number] or visit your primary care physician.

Thank you for being part of our care. We wish you a smooth recovery!

Sincerely,

[Your Name]  
[Your Title]  
[Hospital/Clinic Name]