

[Your Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

Subject: Discharge Letter Following Completion of TB Treatment

We are pleased to inform you that you have successfully completed your treatment for tuberculosis (TB) as of [Completion Date]. This letter serves as a confirmation of your discharge from our care.

During your treatment, you showed significant improvements, and your recent tests indicate that the TB is no longer active. It is essential to continue monitoring your health closely even after completing the treatment, so please ensure to follow the guidelines below:

1. **\*\*Follow-Up Appointments\*\***: Schedule follow-up visits with your healthcare provider every [specify duration, e.g., 3 months] for ongoing monitoring.
2. **\*\*Medication\*\***: [If applicable, specify any medications or vitamins to continue taking.]
3. **\*\*Symptoms to Watch\*\***: Be aware of any return of symptoms such as persistent cough, fever, or fatigue, and seek medical attention if they occur.
4. **\*\*Lifestyle Recommendations\*\***: Maintain a healthy diet, stay active, and avoid smoking and alcohol to support your recovery.

We want to congratulate you on your successful treatment and wish you continued health and wellness. Should you have any questions or need further assistance, please do not hesitate to contact us at [Phone Number] or [Email Address].

Thank you for allowing us to be part of your healthcare journey.

Sincerely,

[Your Name]

[Your Title]

[Your Hospital/Clinic Name]