

[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 Summary

We are pleased to inform you that you are being discharged from [Hospital/Clinic Name] after a successful treatment for tuberculosis (TB). Below you will find important information regarding your treatment and follow-up care.

****Diagnosis:****

- Active Tuberculosis

****Treatment Summary:****

- Completion of [number] weeks of antitubercular therapy
- Response to treatment and improvement in symptoms

****Discharge Medications:****

- [Medication Name] - [Dosage] - [Frequency]

- [Medication Name] - [Dosage] - [Frequency]

****Follow-up Appointments:****

- Scheduled for [date and time] with [Doctor's Name]

- Location: [Address/Clinic Name]

****Home Care Instructions:****

1. Continue to take your medications as prescribed.
2. Maintain a balanced diet and stay hydrated.
3. Monitor for any side effects and report to your doctor if they occur.
4. Practice good hygiene to reduce the risk of spreading TB.

****Signs to Watch for:****

- Fever
- Increased coughing
- Night sweats
- Weight loss

If you experience any of the above symptoms or have any concerns, please contact our office immediately.

Thank you for choosing [Hospital/Clinic Name] for your care. We wish you a healthy recovery!

Sincerely,

[Doctor's Name]

[Title]

[Hospital/Clinic Name]

[Contact Information]