

[Your Name]
[Your Position]
[Your Department]
[Date]
[Patient's Name]
[Patient's Address]
[City, State, Zip Code]
Dear [Patient's Name],
Re: Discharge Summary
We are pleased to inform you that you are being discharged from [Facility Name] on [Discharge Date]. Below is a summary of your hospital stay, treatment, and post-discharge instructions.
1. Admission Details:
- Admission Date: [Admission Date]
- Diagnosis: [Primary Diagnosis]
- Treatment Provided: [Brief Summary of Treatment]
2. Discharge Condition:
- Your current condition is [stable/improving/worse].
- Key Observations: [Any relevant observations or tests conducted].
3. Medications:
- Please continue the following medications:
 - [Medication Name] - [Dosage] - [Frequency]
 - [Medication Name] - [Dosage] - [Frequency]
- New prescriptions:
 - [Medication Name] - [Dosage] - [Frequency]
4. Follow-Up Appointments:
- Please schedule a follow-up appointment with [Doctor's Name] on [Date] at [Location].
5. Post-Discharge Instructions:
- Activity restrictions: [List any activity restrictions].
- Signs and symptoms to be aware of: [List any concerning symptoms].
- Contact information: If you have any questions or concerns, please contact us at [Phone Number].
We wish you a smooth recovery and thank you for choosing [Facility Name] for your healthcare needs.
Sincerely,
[Your Signature]
[Your Name]
[Your Position]
[Your Department]
[Contact Information]
