

Client Discharge Letter

Dear: _____
Name of Client Date

This confirms our conversation on (date) _____, _____, in which you discharged me from attending your wellness care. It is my opinion that your condition requires continued treatment. If you have not already done so, I recommend you select a specialist of your choice without delay.

Upon your request and written authorization, I will furnish the healthcare provider of your selection with pertinent records of your case relative to the diagnosis and treatment program you received at this office.

Very truly yours,

Name of Practitioner