

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Discharge from Physical Therapy Services

Dear [Patient Name],

This letter is to formally notify you that you are being discharged from physical therapy services at [Clinic Name] effective [Date], due to non-compliance with the established plan of care.

Consistent attendance and adherence to the prescribed home exercise program are essential for successful rehabilitation. Our records indicate the following reason(s) for this discharge:

- Multiple missed or cancelled appointments on [Dates].
- Failure to follow the prescribed home exercise program.
- Lack of progress due to inconsistent participation in therapy.

Because the clinical goals of your treatment cannot be met without your active participation, we can no longer continue your current episode of care. Your referring physician, [Physician Name], has been notified of this discharge.

Discontinuing physical therapy at this stage may result in [List potential risks, e.g., permanent loss of range of motion, increased pain, or delayed recovery]. We strongly recommend that you consult with your primary physician regarding the next steps for your medical management.

If you wish to resume therapy in the future, a new referral from your doctor may be required, and a new evaluation will need to be performed.

Sincerely,

[Physical Therapist Signature]

[Physical Therapist Name, Credentials]

[Clinic Name]