

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Discharge Against Medical Advice

Dear [Patient Name],

This letter serves as formal notification that you are being discharged from physical therapy services at [Facility Name], effective [Date].

On [Date of Discussion], we discussed your decision to discontinue your prescribed treatment plan. As your physical therapist, I have advised you that further treatment is medically necessary to achieve your recovery goals. You have chosen to stop therapy against my clinical recommendation.

Please be advised that discontinuing treatment at this stage may result in the following risks:

- Increased pain or return of symptoms.
- Loss of range of motion or strength.
- Increased risk of re-injury or permanent functional limitations.
- Delayed recovery time.

If you experience any new or worsening symptoms, please contact your primary care physician or report to the nearest emergency room immediately.

Should you decide to resume your physical therapy in the future, a new referral from your physician may be required. We wish you the best in your recovery.

Sincerely,

[Physical Therapist Signature]

[Physical Therapist Printed Name]

[Facility Name]

[Phone Number]

cc: [Referring Physician Name]