

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Discharge from Care

Dear [Patient Name],

Our records indicate that you have not attended a scheduled appointment since [Date of Last Visit]. We have attempted to contact you via [phone/mail/email] on [Dates of attempts] to reschedule, but we have not received a response.

Because we have not seen you for [Number] months, we can no longer provide ongoing medical management or prescription refills. As of [Date], we are officially discharging you from our clinic due to loss to follow-up.

It is important for your health that you continue to receive medical care for your condition(s). We recommend that you find a new provider as soon as possible. You may contact your insurance company for a list of in-network providers or contact [Local Referral Service/Medical Society].

We will remain available for emergency care related to your current treatment for the next 30 days, until [Date 30 days from now]. After this date, our physician-patient relationship will be formally terminated.

Upon your written authorization, we will transfer a copy of your medical records to your new physician. Please find the enclosed medical record release form.

We wish you the best in your future health care.

Sincerely,

[Provider Name]

[Clinic Name]

[Phone Number]