

[Date]
[Patient Name]
[Patient Address]
[City, State, Zip Code]

RE: Notice of Discharge from Medical Care

Dear [Patient Name],

Please be advised that [Practice/Clinic Name] is terminating the physician-patient relationship with you effective [Date, typically 30 days from letter date].

This decision has been made due to your failure to keep scheduled appointments. Our records indicate that you have missed or cancelled without sufficient notice appointments on the following dates: [List Dates].

Consistent attendance is necessary to provide you with appropriate medical care. Frequent missed appointments prevent us from treating you effectively and prevent other patients from receiving timely care.

Until [Date], we will be available to treat you for emergencies only and to provide you with referrals. This 30-day period is intended to give you ample time to locate a new healthcare provider. You may wish to contact your insurance carrier or the local medical society for assistance in finding a new physician.

Upon your written authorization, we will transfer a copy of your medical records to your new provider. We have enclosed a medical record release form for your convenience.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Physician Name/Administrator Name]
[Practice Name]