

[Practice Name]  
[Practice Address]  
[Phone Number]  
[Date]

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

RE: Notice of Discontinuation of Care due to Loss to Follow-Up

Dear [Patient Name],

Our records indicate that we have not seen you for a follow-up appointment since [Date of Last Visit]. We have attempted to contact you on [Dates of contact attempts] via [Phone/Mail/Portal] regarding your ongoing medical care for [Condition/Reason for Follow-up], but we have not received a response.

Regular follow-up is essential to monitor your condition and ensure the safety and effectiveness of your treatment plan. Failure to attend scheduled appointments or complete recommended testing may result in complications or a worsening of your health status.

Because we have been unable to reach you to provide necessary medical oversight, we can no longer take responsibility for your care. Effective [Date - usually 30 days from letter date], our physician-patient relationship will be formally terminated.

During this 30-day transition period, we will be available for emergency care only and to facilitate the transfer of your records to a new provider. You may find a new physician by contacting your insurance company or through the local medical society.

If you wish to continue your care with this practice, please contact us immediately at [Phone Number] to schedule an appointment before the date listed above.

Upon your written authorization, we will forward a copy of your medical records to your new physician.

Sincerely,

[Physician Name/Signature]  
[Practice Name]