

[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Re: Notice of Administrative Discharge from Practice

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] is terminating the physician-patient relationship. This decision has been made because you have been lost to follow-up and have not maintained the necessary clinical contact required for us to safely manage your medical care.

Our records indicate that we have attempted to contact you via [phone/mail/portal] on [Dates of Attempts] regarding [needed follow-up/labs/medication management]. As we have not received a response or seen you for an appointment since [Date of Last Visit], we can no longer provide you with medical services.

Effective Date: Your discharge from this practice will be effective 30 days from the date of this letter, on [Date 30 days from now].

Emergency Care: During this 30-day transition period, we will only be available to treat you for acute emergencies or to provide urgent refills for existing medications. After [Date 30 days from now], we will no longer provide any medical care, prescriptions, or referrals.

Transfer of Records: We recommend that you find a new primary care provider as soon as possible. You may find a new physician through your insurance provider directory or by contacting a local hospital referral service. Once you have selected a new provider, please sign the enclosed medical record release form and return it to us so we may transfer your charts.

Sincerely,

[Provider Name/Signature]
[Provider Title]

Enclosure: Medical Record Release Form