

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Discharge from Specialty Care

Dear [Patient Name],

This letter is to inform you that you are being formally discharged from [Clinic Name] effective [Date].

Our records indicate that we have attempted to contact you on multiple occasions ([Dates of attempts]) to schedule your follow-up care for [Condition being treated]. To date, we have not received a response. Consistent follow-up is essential for the safe and effective management of your health.

Because we have not seen you for [Number] months/years, we can no longer assume responsibility for your specialty care. Please be advised of the following:

- **Medication Refills:** We will no longer provide refills for medications related to this specialty after [Date].
- **Medical Records:** Your medical records are available to be transferred to a new provider. Please sign the enclosed release form to facilitate this.
- **Emergency Care:** If you experience a medical emergency, please call 911 or go to the nearest emergency room.

If you wish to continue treatment with this clinic, please contact us at [Phone Number] before [Date] to schedule an appointment. After this date, you will require a new referral from your primary care physician to be seen again.

We recommend that you establish care with another specialist as soon as possible to avoid any gaps in your treatment.

Sincerely,

[Provider Name/Signature]

[Clinic Name]

[Phone Number]