[Date]

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

Dear [Patient Name],

This letter is to formally notify you that you are being discharged from the Allergy Desensitization program at [Clinic Name], effective [Date].

This decision has been made due to noncompliance with the established treatment protocol. Specifically: [List reason, e.g., multiple missed appointments, failure to follow dosing schedules, or safety concerns].

Allergy immunotherapy (desensitization) requires strict adherence to a specific schedule to ensure both safety and effectiveness. Irregular treatment increases the risk of severe allergic reactions and prevents the therapy from working correctly.

Because you require ongoing care for your allergies, we recommend that you secure another allergist immediately. You may contact your insurance provider or local medical society for a list of qualified specialists in your area.

We will provide you with a copy of your medical records or transfer them to your new physician upon receipt of a signed authorization form. We will continue to provide emergency care for a period of [30] days from the date of this letter to allow you time to establish care with another provider.

Sincerely,

[Physician Name]
[Clinic Name]
[Phone Number]