

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

[Date]

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

Re: Notice of Discharge from Medical Care

Dear [Patient Name],

Please be advised that [Practice Name/Physician Name] will no longer be able to serve as your attending physician. This decision is being made due to your continued non-compliance with the treatment plan established on [Date]. Specifically, [List specific instances such as missed appointments, failure to take medication, or refusal of diagnostic tests].

A successful physician-patient relationship requires a collaborative effort to ensure your health and safety. Your failure to follow the recommended medical advice has made it impossible to provide you with the appropriate standard of care.

Effective [Date - typically 30 days from letter date], we will officially terminate our professional relationship. During this 30-day transition period, we will remain available only for emergency care and to assist you in transferring your records to a new provider.

We recommend that you secure a new physician as soon as possible to ensure continuity of your care. You may contact your insurance provider or the local medical society for a list of available physicians in your area.

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

Sincerely,

[Physician Signature]
[Physician Printed Name]
[Practice Name]