

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Discharge from Care

Dear [Patient Name],

This letter is to formally notify you that you are being discharged from [Practice Name] due to your failure to attend scheduled appointments. Our records indicate that you have missed appointments on the following dates: [List Dates].

Reliable attendance is necessary for us to provide you with safe and effective medical care. Because we have been unable to maintain a consistent treatment schedule, the physician-patient relationship is now terminated.

We will continue to provide you with emergency medical care only for the next 30 days, ending on [Date]. This grace period is intended to give you sufficient time to locate a new healthcare provider. After this date, we will no longer provide any medical services to you.

We recommend that you contact your insurance provider or local medical society to find a new physician as soon as possible. Upon receipt of a signed authorization form, we will transfer a copy of your medical records to your new provider.

Sincerely,

[Physician Signature]

[Physician Name]

[Practice Name]