[Date]

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

Re: Notice of Discharge from Practice

Dear [Patient Name],

This letter is to formally notify you that you are being discharged as a patient from [Practice Name]. This decision has been made due to your multiple missed appointments on [Date 1], [Date 2], and [Date 3].

Our policy requires advance notice for cancellations to ensure all patients have access to timely care. Because these appointments were missed without notification, we can no longer provide you with medical services.

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [Date 30 days from now]. This should provide you with sufficient time to locate a new healthcare provider.

We recommend that you contact your insurance company or local medical society to find a new provider as soon as possible. Once you have selected a new physician, please sign the enclosed medical record release form and return it to our office so that we may transfer your records.

Sincerely,

[Doctor Name]
[Practice Name]
[Phone Number]