[Date]

[Parent/Guardian Name]
[Patient Name]
[Address]
[City, State, Zip Code]

Dear [Parent/Guardian Name],

Please be advised that [Patient Name] is being discharged from [Clinic Name] as a patient. This decision has been made due to a history of multiple missed appointments without prior notification.

The effective date of discharge is [Date 30 days from letter date]. We will continue to provide emergency pediatric care for your child until this date. This 30-day period is intended to give you sufficient time to establish care with a new pediatrician.

We recommend contacting your insurance provider or local medical society to find a new provider. Once you have selected a new physician, please sign the enclosed medical record release form and return it to our office. We will transfer a copy of your child's medical records to the new provider at no charge.

We wish [Patient Name] the best in their future health care.

Sincerely,

[Doctor Name/Clinic Administrator]
[Clinic Name]