

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

This letter is to inform you that you missed your scheduled appointment on [Date] at [Time]. This is the second consecutive appointment you have missed without providing prior notice.

As we stated in our previous correspondence, consistent attendance is vital for your care and the management of your health. Because you have missed two appointments and we have not heard from you, we regret to inform you that we are discharging you from our practice effective [Number] days from the date of this letter.

We will continue to provide emergency care for you until [Date]. During this period, you should secure the services of another healthcare provider. We recommend contacting your insurance company or local medical society for a list of available providers in your area.

Upon your written authorization, we will transfer a copy of your medical records to your new physician. A records release form is enclosed for your convenience.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Provider Name/Signature]

[Practice Name]

[Phone Number]

Enclosure: Medical Records Release Form