

[Current Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Discharge from Specialist Care

Dear [Patient Name],

This letter is to inform you that you are being discharged from the care of [Specialist Name/Clinic Name].

This decision follows your missed appointment scheduled on [Date of Missed Appointment]. Our records indicate that this is your [Number, e.g., third] missed visit. Despite our previous attempts to contact you on [Dates of contact attempts], we have not received a request to reschedule or an explanation for these absences.

Continuity of care is essential for your treatment. Because we have been unable to complete your consultation, we can no longer maintain you as an active patient at this clinic. Your referring physician, [Referring Provider Name], has been notified of this discharge.

If you require further specialist care in the future, a new referral from your primary care physician will be necessary. We will provide a copy of your medical records to a new provider upon receipt of a signed authorization form.

We wish you the best in your future healthcare endeavors.

Sincerely,

[Doctor/Manager Name]

[Practice Name]

[Phone Number]