

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: Notice of Discharge due to Attendance

Dear [Patient Name],

This letter is to formally notify you that you have been discharged from physical therapy services at [Clinic Name], effective [Date].

This decision was made following your recent missed appointments on [Dates of Missed Appointments]. Our records indicate that we have not had consistent contact regarding your plan of care. As discussed during your initial evaluation, regular attendance is vital to your recovery and the success of your rehabilitation program.

Because of these absences, we have closed your current case. If you wish to resume physical therapy in the future, please note the following:

- You may need a new referral/prescription from your primary physician.
- A new initial evaluation will be required to establish a current baseline and goals.
- Resumption of care will be subject to current clinic availability.

We recommend that you continue with any home exercise programs previously provided to maintain the progress you have made thus far. Please consult with your physician regarding your ongoing recovery needs.

If you believe there has been an error in our records, or if you wish to discuss this further, please contact our office at [Phone Number].

We wish you the best in your continued recovery.

Sincerely,

[Therapist Name, Title]

[Clinic Name]