

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: NOTICE OF DISCHARGE FROM CARE

Dear [Patient Name],

This letter is to formally notify you that you are being discharged from our medical practice effective [Date].

This decision has been made because you missed your scheduled post-operative follow-up appointment on [Date of Missed Appointment] and have not contacted our office to reschedule. Post-operative care is critical to ensure you are healing correctly and to monitor for potential complications such as infection or internal issues.

Because you have failed to attend these essential follow-up visits, we can no longer assume responsibility for your clinical outcome or your ongoing care.

We will be available to provide emergency care for you for the next 30 days, ending on [Date 30 Days from Now]. This period is intended to give you sufficient time to find a new physician. We recommend you contact your insurance provider or local medical society to locate a new provider immediately.

Upon your written authorization, we will provide a copy of your medical records to your new physician to ensure a smooth transition of care.

Please take your recovery seriously and seek medical attention if you experience any pain, swelling, or redness at the surgical site.

Sincerely,

[Doctor Name]

[Practice Name]

[Phone Number]