Formal Discharge Letter

Subject: Official Notice of Discharge from Care

Dear [Client Name],

This letter serves as formal notification that [Practice/Business Name] will be discharging you from our care, effective [Date, typically 30 days from now].

This decision has been made due to repeated missed appointments without prior cancellation on the following dates: [List Dates]. Our appointment policy, which you received and agreed to, states that repeated no-shows may result in discharge from the practice.

We will remain available to provide emergency care only until [Last Date of Coverage, e.g., 30 days from now]. We strongly recommend you establish care with a new provider as soon as possible.

For a copy of your medical records to be transferred to your new provider, please sign and return the enclosed authorization form. We wish you the best in your future healthcare.

Sincerely,

[Doctor/Manager Name]

[Your Title]

[Practice/Business Name]

[Phone Number]

[Address]