Patient Dismissal for Missed Appointments - Formal

Subject: Termination of Care Due to Missed Appointments

Dear [Patient Name],

This letter serves as formal notification that I will no longer be able to serve as your healthcare provider, effective [Date - 30 days from letter date]. This decision is due to a pattern of missed appointments without proper notice or cancellation.

Our records indicate that you have missed [Number] scheduled appointments over the past [Time Period], including appointments on [list specific dates]. Each missed appointment prevents another patient from receiving timely care and creates inefficiencies in practice operations.

Despite previous reminders about our cancellation policy and the importance of keeping scheduled appointments or providing adequate notice, this pattern has continued. Effective medical care requires consistent communication and follow-through from both patient and provider.

For the next 30 days, I will remain available for emergency medical care. I encourage you to establish a relationship with a new healthcare provider as soon as possible. I can provide referrals to other physicians in the area if you would like.

To transfer your medical records to your new provider, please submit a written authorization to our office. You may contact us at [Phone Number] with any questions.

I wish you well in your future healthcare.

Sincerely,

[Physician Name]

[Credentials]