

## SAMPLE DISCHARGE LETTER

**(Date)**

**(Patient Name)**

**(Patient Address)**

Dear **(Patient)**,

You will recall that we discussed our physician-patient relationship in my office on **(date of last visit or discussion)**. Also present were your **(wife, husband, etc.)** and my **(nurse, assistant, etc.)**.

As we discussed, I find it necessary to inform you that I will no longer be able to serve as your doctor as of **(date at least 30 days from date of letter)**. The primary difficulty has been **(indicate general reason, e.g., your failure to cooperate with the medical care plan, your behavior toward my staff, etc.)**.

I recommend that you promptly find another physician to provide for your medical needs **(state needs if continual medical attention is necessary, e.g., diabetes, hypertension)**. You may want to contact **(names and phone numbers of the state or local medical society, managed care referral service, etc.)** to obtain names of other physicians who are accepting new patients. Delays could jeopardize your health, so I urge you to act promptly.

I will remain available to provide medical services to you, on an emergency basis only, until **(same date as specified above in second paragraph)** while you have the opportunity to arrange for another physician to assume your care. A medical records release authorization form is enclosed for your convenience. Upon receipt of your signed authorization, I will forward a copy of your medical record. I will also be happy to discuss your medical condition(s) with the physician who assumes your care.

Very truly yours,

**(Typed Physician Name)**

cc: File