

Discontinuation of Medical Services

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient's Name],

We hope this letter finds you in good health. We are writing to inform you that effective [Insert Discontinuation Date], [Your Practice/Facility Name] will be discontinuing medical services for [Insert Reason, if applicable].

Your health and well-being are of utmost importance to us, and we recommend that you seek alternative medical care. If you need assistance in finding a new healthcare provider, please do not hesitate to reach out to us.

We appreciate the trust you placed in us and wish you all the best in your future healthcare endeavors.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Facility Name]

[Your Contact Information]