

Discontinuation of Treatment Notification

Date: [Insert Date]

To: [Patient's Name]

[Patient's Address]

[City, State, Zip Code]

Dear [Patient's Name],

I hope this message finds you well. I am writing to inform you that I will no longer be able to continue your treatment as of [Insert Date]. This decision has been made after careful consideration and is due to [briefly explain reason, e.g., change in practice focus, relocation, etc.].

I understand that this may come as unexpected news, and I want to assure you that I am committed to making this transition as smooth as possible. I recommend that you seek care from [provide the name of a colleague or another physician, if possible] who can help you continue your treatment effectively.

Please feel free to contact my office at [Insert Phone Number] or via email at [Insert Email Address] should you have any questions or need assistance in finding a new healthcare provider.

Thank you for allowing me to be a part of your healthcare journey. I wish you all the best in your future health endeavors.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Practice Address]

[City, State, Zip Code]