

Discontinuation of Physical Therapy

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Patient Name],

We are writing to inform you that your physical therapy sessions will be discontinued as of [Insert Discontinuation Date]. This decision has been made based on [brief explanation of reason, e.g., completion of treatment goals, recommendation from healthcare provider, etc.].

We appreciate your commitment to your treatment and encourage you to continue with any recommended home exercises or follow-up appointments as discussed. If you have any questions or need further assistance, please do not hesitate to contact us.

Thank you for allowing us to be a part of your healing journey.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic Name]

[Your Contact Information]