

Healthcare Service Discontinuation Policy

Date: [Insert Date]

Dear [Patient's Name],

We are writing to inform you about an important update regarding our healthcare services. As part of our commitment to providing the highest standard of care, we regularly review our services and make necessary adjustments.

Effective [Insert Effective Date], we will be discontinuing the following services: [List Discontinued Services]. This decision was made after careful consideration and evaluation of various factors.

We understand that this may impact your care, and we want to assure you that we are here to support you during this transition. We recommend that you reach out to [Recommended Alternate Provider/Facility] for similar services.

If you have any questions or concerns, please do not hesitate to contact our office at [Insert Contact Information]. We appreciate your understanding and thank you for being a valued patient.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Organization Name]

[Healthcare Organization Address]

[Healthcare Organization Phone Number]