

## SAMPLE DISCHARGE OF PATIENT LETTER

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[Date]

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

[Patient Name and Address]

Dear [Patient Name]:

After careful consideration, I feel it would be in your best medical interest to seek the services of another physician. Given the recent events which took place, I have decided to discontinue as your pain management physician effective **[date]** for the following reason(s):

- **[be specific in your reasoning - e.g. violation of narcotics agreement, non-compliance with treatment plan, mistreatment of staff, etc.]**

I strongly urge you to make arrangements for the services of another doctor as soon as possible to maintain the continuity of your care. If you need a referral, I recommend you contact your health plan for another in-network provider or **[State Medical Society]** at **[phone number]**. My office will transfer a copy of your records to your new physician if you so desire. A copy of the release of information authorization form is included. Please sign, date, and return it in the self-addressed stamped envelope and we will forward those records on to your physician of choice.

In closing, I wish to remind you of the importance of seeking the service of another qualified physician. Until you are established with another medical provider our clinic will continue to provide you with emergency care for the next 30 days. **[It is important for you to know that the treatment may not include prescriptions of controlled substances.]**

**[If the patient has a condition that requires specific care, state the care AND the consequences of no care in clear, patient-friendly language. If the patient has a condition that needs regular follow-up, state the frequency and urgency of the follow-up, AND state the consequences of not getting the follow-up at the recommended time in clear, patient-friendly language.]**

I appreciate your understanding and assistance in this matter and assure you we will do all we can to facilitate a smooth transition in your care.

Sincerely,

[Physician's Signature & Name]

Sample letter developed by Medical Center Anesthesiologists, PC and Pain Specialists of Iowa and distributed with permission by PPM.