

Discharge Sample Letter

Date:

Mr. John Smith  
123 Main St  
Las Vegas, NV 8999

Dear Mr. Smith:

It is necessary for me to inform you that I am withdrawing from providing further professional medical services to you. I will however, be available to treat you for a short time, which will be no more than 30 days following the date of this letter. Since your medical condition requires continued supervision, I recommend you place yourself in the care of another (specialty).

When you have made an appointment with your new (specialty), I will be happy to provide copies of your healthcare records. Enclosed is a copy of our release of information form for you to sign and return to our office once you have placed yourself in the care of your new (specialty). Please be advised that we cannot transfer records without your written consent.

Sincerely,

John Jones, MD

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Certified mail/return receipt requested: 7009 3410 1318 7509