

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Re: Discharge Letter**

Name of Patient \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Dear Patient:

This letter is sent to inform you that effective \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (30 days from the date this letter was sent), I will be withdrawing myself from future care as your Dermatologist. Please use these next thirty days to secure the services of another Dermatologist from among the many qualified physicians in our area.

During this next thirty-day period, I will be available to render care only in the case of an emergency.

Our office will promptly and courteously forward copies of appropriate medical information to the physician of your choice upon receipt of a signed and dated authorization to release such information.

Sincerely,