

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Notice of Discharge from Medical Care

Dear [Patient Name],

This letter is to formally notify you that [Practice Name] will no longer be able to provide you with medical treatment. We are terminating the physician-patient relationship effective [Number, typically 30] days from the date of this letter.

This decision has been made due to your continued non-compliance with the treatment plan discussed on [Date of last discussion]. Specifically, this includes: [List specific issues, e.g., missed appointments, failure to take medication, or refusal to complete required testing].

Success in medical treatment requires a collaborative effort. Since we have been unable to follow the recommended course of care, we can no longer accept responsibility for your medical management.

We will continue to provide you with emergency medical care and necessary prescriptions for the next [Number] days, until [Specific Date]. This period is intended to give you sufficient time to locate a new physician.

We recommend that you find a new provider as soon as possible. You may contact your insurance company or the local medical society for a list of available physicians in your area. Upon receipt of your written authorization, we will transfer a copy of your medical records to your new doctor.

Sincerely,

[Doctor Name]

[Practice Name]