

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Please be advised that [Clinic Name] will no longer be able to provide medical care to you effective [Date - usually 30 days from letter date]. This decision has been made due to [Reason for dismissal, e.g., non-compliance with treatment, missed appointments, or breakdown of the physician-patient relationship].

We will continue to provide you with emergency medical care and necessary prescriptions for the next 30 days, until [End Date]. This should provide you with ample time to locate a new healthcare provider.

We recommend that you contact your insurance provider or a local physician referral service to find a new doctor. Once you have selected a new provider, please sign the enclosed medical records release form and return it to our office. We will then forward a copy of your medical records to your new physician to ensure continuity of care.

Thank you for your cooperation in this transition.

Sincerely,

[Doctor Name/Clinic Administrator]

[Clinic Name]